Medicine Hat Public School Division

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MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 600 – Students

ADMINISTRATIVE PROCEDURE - EXHIBIT: PARENTAL NOTIFICATION AND CONSENT (OPT-IN) FOR INSTRUCTION RELATED TO HUMAN SEXUALITY, GENDER IDENTITY, AND SEXUAL ORIENTATION

EXHIBIT CODE:	*614 E 001*
Policy Reference: 614 – Sexual Orientation and Gender Identity	**Procedure Code Reference:** 614 AP 002 – Gender Identity, Sexual Orientation and Human Sexuality Topics

Approved: August 28, 2025

REFERENCES

Section 58.11 Education Amendment Act, 2024

 School Logo

Date of Notice: _____

School Name: _____

Student's Name: _____

Grade: _____

Teacher: _____

Course: _____

Dear Parent(s)/Guardian(s),

In accordance with the Education Amendment Act, 2024, parental opt-in consent is now required when classroom subject matter deals primarily and explicitly with gender identity, sexual orientation, or human sexuality.

1. **Instructional Details**

   Instruction Plan & Learning Outcomes

Dates:	Teacher(s)	Description of Content:	Alberta Education Learning Outcomes:
		Insert brief summary of subject matter, e.g., "Anatomy and puberty education as part of the Grade 5 Health curriculum	*Insert applicable curricular outcome(s) from Alberta Education*

*Alberta's K-12 curriculum is available on new LearnAlberta (curricululm.learnalberta.ca)

2. **Parental Consent (Opt-In Requirement)**

   Please indicate your consent for your child's participation below. You may choose to consent to all or only selected portions.

   Full Consent:

   ☐ I consent to my child's full participation in all sessions involving the identified instruction.

   Partial Consent:

   ☐ I consent to my child's participation in the following portions only (please include the instructional dates, content and learning outcomes listed above):

Non-Participation:

☐ I do **not** consent to my child's participation in any portion of the instruction related to the identified topics.

3. **Alternative Arrangements**

   If consent is not provided, your child will be offered a **supervised alternative learning activity** during the scheduled instruction time.

4. **Parent/Guardian Acknowledgment**

   By signing this form, you acknowledge that you have received adequate notice of the content and purpose of the instruction, and that you are choosing whether or not your child may participate.

Parent/Guardian Name (Please Print): _____

Signature: _____

Date: _____

Please return this form to [Name/Role at School] by [Due Date]. If you have questions or would like to review the course materials, please contact [Principal or Teacher Contact Information]