

Date

Your Name

Address

Phone Number

To Whom it May Concern.

My child's name is \_\_\_\_\_, he/she is a student attending \_\_\_\_\_ within the \_\_\_\_\_ School District and I hereby notify you of the following:

Under no circumstances other than an immediate life-threatening injury, are you to provide any medical attention, medical treatment, medical testing, or provide medical advice to my child without the presence of myself, my spouse \_\_\_\_\_, or our attorney.

Under no circumstances will you speak, reprimand, or advise my child alone with any adult no matter who they are; medical professional, teacher or any other public or private entity without the presence of myself, my spouse \_\_\_\_\_, or our attorney.

Under no circumstances are you to demand, inquire or ask my child to fill out a form or respond to questions, written, orally or digitally about his/her/their health choices, doctors' information, or insurance information without the presence of myself, my spouse \_\_\_\_\_, or our attorney.

Under no circumstance are you to evaluate or test or inquire my child's mental health, either by a teacher or mental health professional without the presence of myself, my spouse \_\_\_\_\_, or our attorney.

Under no circumstances are you to teach, advocate or supply lesson plans either online, hardcopy, pamphlets or flyers that include Critical Race Theory, Social and Emotional Learning or any other Race Equity teachings without my written consent or the presence of myself, my spouse \_\_\_\_\_, or our attorney.

Ensure that this document is available under his/her student profile to advise all those that coordinate, associate, or have access to my child's school's record.

Sincerely yours,

\_\_\_\_\_