



PARENT/GUARDIAN OPT-OUT REQUEST FORM

Student Name: _____ Grade: _____

Teacher: _____ Site/Program: _____

Opt-Out Request

I request that my child be excused from participation in the following instructional topic(s):

- Hands-Only CPR
- Fentanyl Awareness
- Mothers Against Drunk Driving (MADD)
- Diabetic Education & Blue Balloon Challenge
- Seizure Education
- Asthma Education
- Other (please specify): _____

I understand that while my child is excused from this instruction, the school will provide an alternative supervised activity.

Acknowledgment

By signing below, I confirm my request to opt my child out of the above-listed instruction(s).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____