

Dear Parent/Guardian,

Your son will soon enter a very important stage of development called puberty. There will be changes happening in his body, both on the outside and on the inside.

We think it is important for your son to have information about the normal changes of growth and development. Therefore, we request permission for your son to attend a class to learn about puberty. The program will cover the emotional and physical changes of puberty. We emphasize that these changes happen to all boys, but not at the same time. We have asked a school nurse from the Buncombe County Department of Health to provide this presentation.

An outline of the lesson is posted on the Buncombe County Department of Health website under School Health. Links to other resources are listed on the website to help you discuss this important topic with your son. The website address is:

<http://buncombecounty.org/Governing/Depts/Health/School.aspx>

If you do not have internet access and would like the information sent to you, please call Ann Johnston, School Nurse Team Leader. If you have questions or need more information about the program, you may contact Ann Johnston at 250-5070, or ann.johnston@buncombecounty.org.

We invite you to attend the Growth and Development class with your son at school on,

_____ at _____
(DATE) (TIME OF CLASS)

Sincerely,

The School Nurses at the Buncombe County Department of Health

I give my permission for _____ to attend
(CHILD'S NAME)

a class on growth and development.

(PARENT/GUARDIAN SIGNATURE)

(DATE)