Dear Parents:

Our class is about to study an important lesson on the early stages of puberty, which many fifth graders are beginning to experience.

The *Always Changing® Program* helps both boys and girls:

- Understand the physical and emotional changes they experience during puberty, and acknowledge these changes as a normal part of growth and development.
- Learn the physiology of their bodies and correct terminology for parts of the reproductive system.
- Understand that personal hygiene is each individual’s responsibility.

In addition, the program helps girls:

- Understand the menstrual cycle.
- Understand what to expect during a period.
- Learn how to manage periods while continuing with normal activities.

The *Always Changing Program* is based on national research and consultation with school nurses, health educators, parents and medical professionals. It has been a trusted resource for 20 years and has been taught to millions of students, nationwide. It is provided as a free educational service to our school by the Always® brand of feminine protection products, and by Secret® and Old Spice® brand deodorants and anti-perspirants. Students are separated by gender when presenting this program.

We will begin the program on ______________. Please sign and return this letter by ______________, indicating your permission for your child to participate in the lessons.

If you have any questions about the *Always Changing Program*, or if you would like to review the program materials in advance, please call me at ______________. Students will be viewing the co-ed video. If you would like to view the videos please go to www.pgschoolsprograms.com.

Thank you very much for your interest in this important education program.

_______________________________________
(School Guidance Counselor)

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(Please detach bottom portion of this form and return to school guidance counselor)

(Students Name)

□ has my permission to participate in the *Always Changing Fifth Grade Puberty Education Program*.

□ does not have my permission to participate.

________________________________________
(Parent’s Signature) (Date)