**Permission Letter to Parents for Showing Films**

Dear Parent / Guardian:

We have been studying infectious diseases in science. To conclude this unit, the eighth grade science department would like to show a film that illustrates how viruses attack the body and the possible effects of a global flu pandemic. Specifically, this film addresses the North Carolina Standard Course of Study objective 8.L.1.2 which is: “ to explain the difference between epidemic and pandemic as it relates to the spread, treatment and prevention of disease”.

This film is titled Contagion and has earned a PG-13 rating by the MPAA due to “disturbing content and some strong language”. It stars Matt Damon and Laurence Fishburne in a race against time to find a cure for a previously unknown flu virus. You can find additional information regarding this film at: <http://www.imdb.com/title/tt1598778/parentalguide>

We can assure you that the film will be shown in appropriate context, including discussion and activities before and after viewing. We will be viewing this film third quarter.

Please complete the form below either authorizing or exempting your child from viewing the film. Students who do not view this film will be accommodated in a separate classroom with alternate required activities.

Feel free to phone or email if you have questions.

Sincerely,

Denise Cruz Elizabeth Nash Diana Belles Teresa Coleman

[dcruz@wcpss.net](mailto:dcruz@wcpss.net) [enash@wcpss.net](mailto:enash@wcpss.net) [dbelles@wcpss.net](mailto:dbelles@wcpss.net) [tcoleman@wcpss.net](mailto:tcoleman@wcpss.net)

Phone: 919 662-2900

Please complete the following and return it to your child’s science teacher.

Name of Student (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ My child may participate in the Contagion movie activities.

\_\_\_\_\_\_\_\_\_\_ My child may NOT participate in the Contagion movie activities.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_ My child may participate in the Contagion movie activities.

\_\_\_\_\_\_\_\_\_\_ My child may NOT participate in the Contagion movie activities.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_