Print

The Organ Ladies®

Dear Parents,

The Choice & Consequence® organization is proud to be a part of a unique health education program, “The Real Inside Story®”, which will be coming to_________________________________ on _______________________. During the presentation your child will be taken on a fantastic voyage through the human body.

The goal of this presentation is to help young people make healthy lifestyle choices. Students will learn about the consequences of choices they make regarding their health and safety. Actual human organs will be shown; some healthy, others damaged by tobacco, alcohol, and other drug use. This allows the student to see first hand what can happen to their bodies when they choose habits and lifestyles that are harmful. At the end of the presentation, participants will be allowed to put on non-latex nitrile gloves and examine the organs for themselves. All of the organs are stored in a mixture of isopropyl alcohol and water to ensure that they are safe for children to handle.

Our outstanding educators, Kathy Ketchum, RN and Colleen Williams, RN present this traveling education program to schools, community groups and professional organizations throughout Washington State and beyond.

We look forward to providing this unique opportunity to your child, and you are welcome to attend the presentation. You may also call me with any questions you may have.

Please complete the consent form below and have your child return it to his or her teacher. ***It will be required for your child’s attendance at the presentation.***

Sincerely,

Colleen C Williams

Colleen C. Williams, MS, RN
Executive Director / Choice & Consequence

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Please complete the following and return to your child’s teacher for your child’s participation or exclusion from participation in “The Real Inside Story”.

I have read the information and ***DO*** give my child permission to participate in this activity.

_______________________________ _______________________________
Student Name Parent/Guardian Signature

I have read the information and ***DO NOT*** give my child permission to participate in this activity

_______________________________ _______________________________
Student Name Parent/Guardian Signature

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