



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT EMERGENCY INFORMATION FORM

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is school district policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home. Please complete electronically or print clearly and return completed form to school.

STUDENT'S LAST NAME				FIRST NAME				M.I.		STUDENT'S LAST NAME			
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE		HOME LANGUAGE							
STUDENT'S HOME ADDRESS -- NUMBER		STREET				APT #		CITY			ZIP CODE		
MAILING ADDRESS -- NUMBER (IF DIFFERENT FROM ABOVE)		STREET				APT #		CITY			ZIP CODE		
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No			FIRST NAME	
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE				
CONTACT NUMBERS			Indicate which phone to call for each message type:*				EMAIL ADDRESS:						
HOME			EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
CELL			ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
WORK			GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
TEXT			<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.									MIDDLE INITIAL	
PARENT'S / LEGAL GUARDIAN'S LAST NAME			FIRST NAME			RELATIONSHIP TO STUDENT			LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
WORK ADDRESS -- NUMBER		STREET				CITY			ZIP CODE				
CONTACT NUMBERS			Indicate which phone to call for each message type:*				EMAIL ADDRESS:						
HOME			EMERGENCY <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
CELL			ATTENDANCE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
WORK			GENERAL INFO <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work										
TEXT			<input type="checkbox"/> I authorize receiving text messages and understand that I am responsible for all text related charges.										
To the principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:													
NAME			RELATIONSHIP			HOME PHONE			CELL PHONE		WORK PHONE		DATE
NAME			RELATIONSHIP			HOME PHONE			CELL PHONE		WORK PHONE		
NAME			RELATIONSHIP			HOME PHONE			CELL PHONE		WORK PHONE		
List any other family members attending this school:													
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP			
LAST NAME			FIRST NAME			HOME ROOM		GRADE		RELATIONSHIP			
MILITARY CONNECTED FAMILY: In efforts to provide resources and support to military connected students and their families, please respond to the following:			Immediate family member in the military (Active Duty, Guard, Reserve, or Veteran): <input type="checkbox"/> YES <input type="checkbox"/> NO Relationship to Student: _____				Currently Deployed: <input type="checkbox"/> YES <input type="checkbox"/> NO Military Branch: _____ Status: <input type="checkbox"/> Active Duty; <input type="checkbox"/> Guard; <input type="checkbox"/> Reserve; <input type="checkbox"/> Veteran; <input type="checkbox"/> Deceased						
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT													
The undersigned, as parent/legal guardian of, _____ a minor, (Print name of the student here)													
hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Los Angeles Unified School District ("District") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the District. I understand that the District, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.													
HEALTH ALERTS -- List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".													
DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO* If "Yes": <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families													
MEDI-CAL / HEALTHY FAMILIES ID Number:													
1. PRIVATE HEALTH INSURANCE NAME			GROUP NO.			2. PRIVATE HEALTH INSURANCE NAME (If covered under more than one plan)			GROUP NO.				
NAME OF DOCTOR / MEDICAL OFFICE						PHONE NUMBER OF DOCTOR / MEDICAL OFFICE							
*If the student currently does not have health insurance, information on free or low-cost health care programs is available by calling the District's toll-free HELPLINE 1(866)742-2273.													
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:													
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:													
I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.													
X										DATE			
SIGNATURE OF: _____ (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CAREGIVER (AFFIDAVIT)													

* Selected telephone number must be a direct dial number (no extensions).

Revised January 2014



**Los Angeles Unified School District
Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers, (2) increase public awareness and promote continuation and improvement of education programs, and/or (3) highlight accomplishments of students and educational programs including but not limited to honor roll, school/District awards, and graduation/culmination, through the use of mass media, displays, brochures, websites, social media, approved blogs, and related District publications.

1. Name of Pupil (please print)

2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent or guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apartment Number)

7. City

8. State

9. Zip Code

10. Telephone

Granting of permission is voluntary. Please return completed form to school.

11. Principal

**Approved as to form by the
Office of the General Counsel.**

12. School

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information



LOS ANGELES UNIFIED SCHOOL DISTRICT 2022-2023 PARENT/STUDENT HANDBOOK

DIRECTORY AND GPA INFORMATION RELEASE FORM

Parents of students 17 years or younger and adult students 18 years or older may request to limit the release of student directory information or to not release directory information at all. Pursuant to California Education Code Section 49073, the District has identified the following categories of information as student directory information that may be released to authorized individuals, organizations, and officials: *name, address, phone number, date of birth, dates of attendance, current and most recent previous school(s), and degrees, honors, and awards received*. The law also provides for 12th grade student names, contact information, student ID, graduation date and GPAs to be shared for college financial aid applications.

The request to limit or withhold student directory information is applicable only to the current school year and must be submitted annually. If you wish to limit or prevent the release of student directory or GPA information, please complete and sign this form and return a copy to your school principal as soon as possible. If this form is not completed, signed, and returned to your school principal, your child's directory information may be released in accordance with Federal and State law.¹

SCHOOL NAME: _____

DATE: _____

Student Name (<i>please print</i>):	Date of Birth:	Grade:
Address:	City:	
Zip Code:	Telephone Number:	

1. I request to withhold directory information of the student named above according to the box(es) I check below:

For each authorized official or organization listed below, please place a check mark in the box if you do NOT want to release student directory information.

If you do not want any student directory information released to any authorized individual, organization, or official, then please skip to item 5 on this form.

**Do NOT
Release ANY
Student
Directory
Information**

The District has identified the following as student directory information:

Name, address, phone number, date of birth, dates of attendance, current and most recent previous school(s), and degrees, honors, and awards received.

Elected Officials	
L.A. County Department of Children and Family Services	
L.A. County Department of Health Related Services	
L.A. County Department of Mental Health	
L.A. County Department of Probation	
L.A. Unified school-based health care providers	
L.A. Trust for Children's Health	
Parent Teacher Student Association (PTSA)	

2. The following applies to **1st grade students only**:

☐ I do not want to release the name, date of birth, address, phone number, or current school of the student named above to the L.A. City Housing + Community Investment Department (HCIDLA), which manages Opportunity L.A.'s Children's Savings Account initiative for establishing a free education savings account with an initial \$50 deposit for each enrolled LAUSD first-grade student.

3. The following applies to **11th and 12th grade students only**:

I do not want to release the name, address, or telephone number of the student named above to the agency or agencies I check below:

- ☐ United States Armed Forces (Military) Recruiting Agencies
- ☐ Colleges, Universities or Other Institutions of Higher Education

4. The following applies to **11th and 12th grade students only**:

☐ I do not want to release specified student information, and GPA of the student named above to the California Student Aid Commission to determine his/her/their eligibility for a Cal Grant, which is a source of financial aid that the student does not have to pay back. (Education Code sections 49076 (a)(2)(B); 69432.9)²

5. The following applies to **12th grade students only**:

☐ I do not want to release the name, date of birth, school, or degree of the student named above to the National Student Clearinghouse, which provides the District with college enrollment information of alumni so that the District can continue to improve college readiness of current LAUSD students.

6. The following applies to **ALL students**. Check this box if you do not want *any* directory information released:

☐ For the student named above, I do not wish to have **any** directory information released to **any** individual, organization, or official in any of the above categories.

Signature of Parent/Guardian (*if student is under 18*) _____

Signature of Student (*if student is 18 or older*) _____

¹ Under Federal and State law, school districts may share student directory information with authorized individuals, organizations and/or officials.

² Pursuant to Education Code Section 69432.9, each grade 12 student will be deemed a Cal Grant applicant unless the student is opted out. For seniors who have not opted out, school districts are required to submit their name, contact information, date of birth, student ID, graduation date, and grade point average (GPAs) to the California Student Aid Commission (CSAC) for the purpose of determining Cal Grant eligibility and making appropriate financial aid awards for college. Without this information, CSAC will not be able to determine your child's eligibility.

LOS ANGELES UNIFIED SCHOOL DISTRICT 2022-2023 ANNUAL PESTICIDE USE NOTIFICATION

The District has adopted an Integrated Pest Management (IPM) policy. This policy includes notifying parents/guardians of pesticide use. During the school year, it may be necessary to apply pesticides at your child's school to avoid serious health problems posed by pests and/or maintain the integrity of a structure. However, should you feel that your child's or your (for school staff) health and/or behavior could be influenced by exposure to pesticide products, you are notified as follows:

- An application of products on the Approved List may be applied during the school year (see attached list of pesticide products that have been approved for use at District sites).
- In the event the use of a product is required that is not on the Approved List, you will be notified 72 hours in advance. (Exception: Emergency circumstances that warrant an immediate response).
- Additional information regarding pesticide products, including those on the District's Approved List, is available online at <https://www.cdpr.ca.gov/>.

Please complete, detach, and return the form below to the school's main office, indicating whether you wish to be pre-notified each time a pesticide is scheduled to be used at the school.

IF APPLICABLE, COMPLETE, SIGN, AND RETURN THIS PORTION TO YOUR CHILD'S SCHOOL



PARENT/GUARDIAN REQUEST FOR NOTIFICATION 2022-2023

I would like to be notified every time a pesticide application is to take place at my child's school (i.e., in addition to annual notification). I understand that the notification will be sent home with my child or provided to me by a school staff member at least 72 hours before application. (Exception: Emergency circumstances that warrant an immediate response).

I do not need to be notified every time a pesticide is to take place at the school. I understand that I will receive an annual notification in the Parent Student Handbook, or by other means, of pesticides approved for use at schools.

Child's name (print): _____ Grade: _____

School: _____ Room Number: _____

Name of parent/guardian (print): _____

Signature of parent/guardian: _____ Date: _____

Note to Site Administrator

File the original in the Main Office. If the above "I would like to be notified" box is checked, forward a copy of this notice via school mail to Pest Management Unit.

**Maintenance and Operations Central 3 and Special Services
Attn. Pest Management Unit**

Los Angeles Unified School District
Approved Pesticide Product List 2020-2021

The Los Angeles Unified School District is committed to the Precautionary Principle and Right to Know. All of the products listed below have been approved by LAUSD for use at District sites. However, this list does not indicate that all approved products listed below are used. In fact, some of these products are used rarely, if ever.								
Some of the listed products require Pest Supervisor approval and/or direct supervision during application, and are used only when health or safety concerns are present as outlined within The IPM Policy. These products are listed at the bottom of this list, and restrictions are also indicated in the "comments" column.								
PESTICIDE NAME	(1) ACTIVE INGREDIENT	PHYSICAL FORM	APPLICATION METHOD	TARGET PEST	USEPA TOXICITY CATEGORY	(2) LABEL DESIGNATION	COMMENTS	EPA REG. NO. or CA. REG. NO.
Advance Granular Ant Bait	abamectin B1 0.011%	Graule	Indoor cracks, crevices and voids Outdoors per the label.	Ants	3	Caution	Bait attractant Applicator refer to product label for appropriate PPE	499-370
Alpine Cockroach Gel Bait	Dinotefuran	Gel	Indoor cracks, crevices and voids.	Cockroaches	3	Caution	Bait attractant Applicator refer to product label for appropriate PPE	499-507
Avert Dry Flowable Cockroach Bait (Formula 1)	abamectin B1 0.05%	Dust	Crack & crevice bait dust	Cockroaches	3	Caution	Bait attractant Applicator refer to product label for appropriate PPE	499-294
Bora-Care Termiticide, Insecticide and Fungicide Concentrate	disodium octaborate tetrahydrate 40%	Liquid suspension	Spray used for wood boring insects	Termites	3	Caution	Applicator refer to product label for appropriate PPE	64405-1
Contrac Blox	bromadiolone 0.005%	Solid Bait Block	Rodent bait Used in bait stations only	Rodents	3	Caution	Used infrequently in bait stations Applicator refer to product label for appropriate PPE	12455-79
Distance Fire Ant Bait	2-1-Methyl-2-(4-phenoxyphenoxy) ethoxyl pyridine .5%	Granule	Local or broadcast	Fire ants	3	Caution	Applicator refer to product label for appropriate PPE	1021-1728-59639
M-Pede	potassium salts of fatty acids 49%	Liquid	Direct spray to pest	Africanized honey bees, thrip, and white fly	2	Warning	Applicator refer to product label for appropriate PPE	53219-6
Niban Granular Bait and Niban-FG	Orthoboric Acid-5%	Granules and Fine Granules	Interior and exterior bait	Various insects	3	Caution	Applicator refer to product label for appropriate PPE	64405-2
NiBor-D	Disodium Octaborate Tetrahydrate-98%	Dust	Applied wet or dry	Various insects	3	Caution	Applicator refer to product label for appropriate PPE	64405-8
Recruit IV AG (Sentricon)	Noviflumuron 0.5%	Solid	Bait used in station only	Subterranean Termites	3	Caution	Applicator refer to product label for appropriate PPE	62719-454
Recruit IV (Sentricon)	Noviflumuron 0.5%	Solid	Bait used in station only	Subterranean Termites	3	Caution	Applicator refer to product label for appropriate PPE	62719-453

Los Angeles Unified School District
Approved Pesticide Product List 2020-2021

Tim-Bor Professional	disodium octaborate tetrahydrate 98%	Powder	Applied wet or dry	Wood destroying organisms and fungus	3	Caution	Applicator refer to product label for appropriate PPE	64405-8
ProFoam Platinum	Sodium Decyl Sulfate, Sodium Lauroampho Acetate, Sodium Lauryl Sulfate.....60%	Foam	Foaming agent; non pesticide	Various uses	3	Caution	Applicator refer to product label for appropriate PPE	Ca. Reg. 1051148-50001-AA
Summit Bti Briquets	Bacillus thuringiensis subspecies israelensis solids, spores and insecticidal toxins-10%	Solid briquet	Floating larvicide	Mosquito larvicide	3	Caution	Applicator refer to product label for appropriate PPE	6218-47
Ecovia EC	Thyme Oil- 20% 2- Phenethyl Propionate- 14% Rosemary Oil- 8%	Liquid	Spray	As indicted per label	3	Caution	Applicator refer to product label for appropriate PPE	Exempt- FIFRA 25 (b)
Ecovia WD	Thyme Oil- 10% 2- Phenethyl Propionate- 7%	Dust	Use according to label	As indicted per label	3	Caution	Applicator refer to product label for appropriate PPE	Exempt- FIFRA 25 (b)

The following products are to be used according to the specific instructions as indicated, per product. These products are not routinely used. Pest supervisor or other approvals as indicated are necessary prior to use.

Generation Mini-Block	difethialone 0.0025%	Solid Bait Block	Bait used in stations only	Rodents	3	Caution	To be used in tamper proof bait stations. Applicator refer to product label for appropriate PPE	7173-218
PT 565 Plus XLO Formula 2	pyrethrins-0.5% piperonyl butoxide -1% n-octyl bicycloheptene dicarboximide 1%	Aerosol	Use according to label.	Fleas, gnats, mosquitos, bees, bird mites	3	Caution	Restrict re-entry to occupied areas for 24 hours after application. Follow food handling precautions when using this product. Applicator refer to product label for appropriate PPE	499-290
PT Wasp Freeze	phenothrin 0.12% d-trans allethrin 0.129%	Aerosol	Outdoor aerosol spray directly to wasps and bees	Wasps, hornets, & bees	3	Caution	Obtain supervisor approval prior to each use. Applicator refer to product label for appropriate PPE	499-362
Rozol Pocket Gopher Bait	Chlorphacinone.....0.005 %	Grain bait	Place in gopher burrows only	Gophers	3	Caution	Application to fields and landscape areas when students are not in immediate area. Applicator refer to product label for appropriate PPE	7173-184
Suspend SC	deltamethrin 4.75%	Liquid	Spray	Fleas, ticks, fire ants, and large roaches in ground boxes	3	Caution	Use for exterior only on fleas, ticks, and fire ants, and large roaches in ground boxes. Restrict re-entry of area for 24 hours after application. Applicator refer to product label for appropriate PPE	432-763

Los Angeles Unified School District
Approved Pesticide Product List 2020-2021

Wilco Ground Squirrel Bait	Diphacinone 0.005 %	Grain bait	Placed in bait stations only.	Ground Squirrels	3	Caution	Do not use when rain is eminent. Obtain supervisor approval before each use. Applicator refer to product label for appropriate PPE	36029-20
Mosquito Larvicide GB 1111	Aliphatic Petroleum Hydrocarbons- 98.7%	Liquid	Apply to surface of water	Mosquito larvicide	3	Caution	Any application of this product is subject to caution tape or barricade use in the application area and use of warning signs. All uses shall be reported to the IPM Team at the following Team meeting. Inventory management measures shall be used. Applicator refer to product label for appropriate PPE	8329-72
Altosid Briquets	S-Methoprene- 8.62%	Briquet	Floating larvicide	Mosquito larvicide	3	Caution	This product is not to be used in flowing water in areas such as storm drains and catch basins and any other areas where it is reasonable to assume that there will be flowing water. Applicator refer to product label for appropriate PPE	2724-375

**LOS ANGELES UNIFIED SCHOOL DISTRICT
LOS ANGELES SCHOOL POLICE DEPARTMENT**



**ALBERTO M. CARVALHO
SUPERINTENDENT**

**Office of the Chief
125 North Beaudry Avenue, Los Angeles, California 90012
Telephone: (213) 202-4508 – Fax: (213) 202-8676**



**LESLIE RAMIREZ
CHIEF OF POLICE**

**RE: INFORMATION REGARDING PARENT/GUARDIAN LEGAL DUTIES CONCERNING SAFE
GUN STORAGE**

Dear Parent/Guardian:

Providing our students and staff with a safe educational environment remains one of our top priorities. We are all aware of incidents of gun violence in our surrounding communities, and across the nation. In California each year, an average of 27 children under the age of 18 have died by suicide with a gun that belonged to someone at home. In the majority of these gun-related incidents, the minor gained access to a lawfully purchased gun from their residence or the residence of a relative. Los Angeles Unified takes steps to ensure that campuses are safe from the threat of gun violence. Any student found in possession of a firearm on campus is subject to immediate arrest, suspension and expulsion proceedings. To further our efforts to protect students against firearms, and as a courtesy to our families, we would like to bring to your attention the legal obligations to protect minors from negligent gun storage. Please see two of the gun storage laws summarized below:

[Safe Storage of Handguns, Los Angeles Municipal Code section 55.21](#)

This City of Los Angeles statute makes it a crime to have a handgun within a residence unless the handgun is stored in a locked container or disabled with a trigger lock approved by the California Department of Justice.

[Criminal Storage of a Firearm, California Penal Code section 25100\(A\)](#)

This State statute makes it a crime to store a loaded firearm on any premises under your control, knowing or reasonably should have known, a child is likely to gain access to the firearm, and the child gains access causing death or great bodily injury.

Feel free to retrieve the full text of the above laws for further details.

Very truly yours,

**LESLIE RAMIREZ
Chief of Police**

----- CUT HERE AND RETURN TO YOUR SCHOOL PRINCIPAL -----



SAFE GUN STORAGE - ACKNOWLEDGEMENT FORM

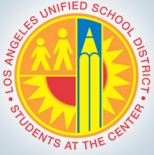
Please sign below acknowledging receipt of this information.

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

"Serving the Future Today"



School Climate Bill of Rights

The Los Angeles Unified School District (LAUSD) is committed to providing safe and healthy school environments that support all students in every aspect of their well-being. LAUSD students, staff and parents/guardians value fair and consistent guidelines for implementing and developing a culture of discipline based on positive behavior interventions and away from punitive approaches that infringe on instructional time.

The Los Angeles Unified School District is committed to providing students a vigorous education that promotes opportunities to select college or career paths that will lead them to becoming productive members of society. All Los Angeles Unified School District students will attend schools with climates that focus on safety, teaching and learning, interpersonal relationships, and the institutional environment that influence student learning and well-being. These positive school climates will offer:

- **School-Wide Positive Behavior Intervention and Support (SWPBIS)**

LAUSD will implement alternatives to suspension along with the positive behavior interventions in the Discipline Foundation Policy. Appropriate prevention and intervention approaches provide accountability and reconciliation through understanding the impact of the discipline incident and repairing the harm caused through a shared decision-making process.

- **Alternatives to suspension and positive behavior interventions and supports**

Alternatives to suspension strategies will be utilized for all students and in a consistent and age-appropriate manner prior to any suspensions except those limited offenses where suspension is required under California Education Code §48915(c). As of 2013, no student will be suspended or expelled for a “willful defiance” (48900(k) offense.

- **School discipline and school-based arrest and citation data available for viewing**

LAUSD will publish monthly in and out-of-school suspension, opportunity transfer, expulsion, citation, and school-based arrest data for the school-site or the District. Such data, when applicable and available, will be disaggregated by subgroups, including race, ethnicity, English Learner status, disability, gender, socioeconomic status and offense, but provided in a way to maintain the privacy of individual students.

- **Restorative Justice (RJ) approaches that resolve student interpersonal conflict**

Beginning in 2015-2016 schools will have developed and begun implementation of Restorative Justice (RJ) approaches, when appropriate, that resolve school disciplinary incidents by having personnel trained in restorative strategies and all parties involved willingly come together, identify the harm

that was caused, and develop an agreement on how to restore harmony.

Through the restorative process, the group develops a shared agreement for repairing harm and addressing root causes to prevent future harm. Restorative Justice (RJ) approaches may be used as an intervention consistent with the School-Wide Positive Behavior Intervention and Support (SWPBIS) policy for all school disciplinary incidents unless a recommendation for expulsion is required as under California Education Code Section 48915 or when safety is at risk.

- **A District SWPBIS Task Force**

The SWPBIS Task Force shall include a teacher, student, administrator and parent representatives from each Educational Service Center as well as members from community organizations to make recommendations, and will make recommendations for implementing a District-wide culture of positive and Restorative Justice (RJ) approaches to working with students, staff and parents/guardians.

- **Guidelines regarding the roles and responsibilities of School Police Officers on campus**

Students have the right to safe and healthy school environments that minimize the involvement of law enforcement, probation and the juvenile and criminal justice system, to the greatest extent possible and when legally feasible.

- **A system to file a formal complaint if School-Wide Positive Behavior Intervention and Support is not implemented**

Students and parents/guardians have the right to file a formal complaint if SWPBIS is not implemented within 60 days of a request.



MEMBERS OF THE BOARD

KELLY GONEZ, PRESIDENT
MÓNICA GARCÍA
JACKIE GOLDBERG
DR. GEORGE J. MCKENNA III
NICK MELVOIN
TANYA ORTIZ FRANKLIN
SCOTT M. SCHMERELSON



LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT HEALTH AND HUMAN SERVICES STUDENT MEDICAL SERVICES and MEDI-CAL PROGRAMS

333 South Beaudry Avenue, 29th Floor
Los Angeles, California 90017
Telephone: (213) 241-3872 | Fax: (213) 241-3314

Alberto M. Carvalho
Superintendent

ANTHONY AGUILAR
Chief of Special Education, Equity & Access

PIA V. ESCUDERO, L.C.S.W.
Executive Director

RON TANIMURA, Ed. D.
Director

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about your child may be used and released and how you can get access to this information. Please review this document carefully.

The Los Angeles Unified School District (LAUSD) and its contract agencies/schools are required by federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your Protected Health Information (PHI) is kept private. PHI includes information that we have created or received about your child's past, present, or future health/medical conditions that could be used to identify your child. Unless you give us written authorization, we will only release your child's health/medical information for treatment, payment, or health care operations or when we are otherwise required or permitted by law to do so. Not every use is listed, but the ways we can use, and release information fall within one of the descriptions below.

- 1. Appointment reminders and health-related benefits or services:** We may use PHI to send you appointment reminders. We may also use PHI to give you information about other health care related treatment and services.
- 2. Treatment:** We may use and release your PHI to those who provide you with health care services or who are involved with your child's care such as doctors, nurses, and other health care professionals. PHI may also be used for referrals to hospitals, specialists, or for other treatment alternatives. For example, we may share the PHI with relevant school staff for Individualized Educational Program (IEP) purposes to recommend appropriate Special Education related services to address your child's health needs while at school.
- 3. To receive payment for the treatment that was provided to your child:** We may use and release your PHI in order to bill and receive payment for treatment and services your child received in the school or community setting. For example, LAUSD bills Medicaid for services that are provided to Medi-Cal eligible students.
- 4. Health Care Operations:** We may use and release your PHI in order to administer our school-based health centers. For example, members of our quality improvement team may use information in your child's health record to review the care and outcomes for quality improvement purposes.
- 5. To meet legal requirements:** We may use and release PHI to government officials or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we are required to do so in a court or other legal proceedings. For example, if a law says we must report private information about students, who have been abused, we will provide such information.
- 6. To report Public Health activities:** We may use and release PHI to government officials in charge of collecting certain public health information. For example, we share general information about immunizations, deaths, and some statistical information about diseases such as pertussis or chickenpox.
- 7. For Research purposes:** We do not release PHI for purposes of medical research. We do, however, use PHI to create a collection of information that cannot be traced back to your child.
- 8. To avoid harm:** In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement, emergency personnel, or others who may be able to stop or lessen the harm.
- 9. Fundraising:** We may use and release the PHI toward applying for grants and/or funding agencies to obtain funds for the enhancement and expansion of our services. (Although allowable by law, it is not LAUSD practice to use or release your PHI in a manner that can be traced back to your child.)

Your Rights

- See or obtain a copy of information that we have about your child or correct your child's personal information that you believe is missing or incorrect. If someone else (such as your doctor) gave us the information, we will tell you who, so that you can ask them to correct it.
- Ask us not to use your health information for payment or health care operations activities. (We are not required to agree to these requests.)
- Ask us to communicate with you about health matters using reasonable alternative means or at a different address, if communications to your home address could endanger you.
- You have a right to withdraw or revoke your consent in writing at any time. However, we may refuse to continue to treat a child if the parent revokes their consent.
- Receive a list of disclosures of your health information that we make on or after April 14, 2003, except when:
 - You have authorized the disclosure;
 - The disclosure is made for treatment, payment or health care operations; or
 - The law otherwise restricts the accounting.

If you have any questions, please call Margarita Bobe at (213) 241-0558.

Complaint Process

If you believe that we may have violated your Privacy rights, you may send your written complaint to:

Los Angeles Unified School District
Student Health and Human Services
333 South Beaudry Avenue, 29th Floor
Los Angeles, CA 90017
Attn: Margarita Bobe

Alternative method of processing a complaint:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201
1-800-368-1019