

LAUSD STUDENT HEALTH POLICIES

This letter is to inform you of laws and Los Angeles Unified School District policies regarding student health.

Immunization

New students will not be admitted to school unless a written immunization record provided by a physician or the health department is presented at the time of enrollment and immunizations are up to date.

Students who require additional vaccine doses or who lack a written record are no longer allowed a grace period. All students new to the District or transferred students within the District must show that they have received all currently required immunizations in order to be enrolled.

The immunization status of all students will be reviewed periodically. Those students who do not meet the stated guidelines must be excluded from school until the requirements are met. Students who have been exposed to a communicable disease for which they have not been immunized must be excluded from school at the discretion of the health department.

There is a new immunization requirement for all student's entering the 7th through 12th grade. Proof that the T-dap immunization has been administered on or after their 7th birthday must be presented.

Medications

A student who needs to take prescription or over-the-counter medication during school hours must have a statement to this effect on file at the school, signed by the prescribing physician and the parent/guardian. The required forms are available from the school nurse or administrator. School health personnel do not prescribe or give advice regarding medication or other care beyond first aid.

Physical Examinations

Students enrolling for the first time in LAUSD secondary schools are encouraged to provide the school with a report of a recent physical examination. Forms for this purpose may be obtained from the school nurse..

Screening of vision and hearing will be done in accordance with State guidelines. All girls in grade 7 and boys in grade 8 will be screened for possible scoliosis (curvature of the spine). Parents/guardians will be notified of any findings in these mandated screening tests that require further attention.

If you do not want your student screened you must provide this request in writing to the health office.

Miscellaneous

- Communicable disease inspections will be conducted periodically. A student suspected of having a communicable disease will be excluded from school until guidelines for readmission are met.
- An effort will be made to notify parents/guardians about school exposure to chicken pox. The parent/guardian of a student for who chicken pox presents a particular hazard should contact the school nurse to facilitate notification. Students at risk include those with deficient immune systems and those receiving certain drugs for the treatment of leukemia or organ transplants.
- A student returning to school with sutures, casts, crutches, brace(s), or a wheelchair must have a physician's written permission to attend school and must comply with any safety procedures required by the school administration and Health Services personnel.
- A student returning to school following a serious or prolonged illness, injury, surgery, or other hospitalization, must have written permission by the health care provider to attend school, including any recommendations regarding physical activity.
- A parent's written request for an excuse from participation in physical education will be accepted for up to 5 days; thereafter, a written request is needed from the student's health care provider. Requests for exemption beyond 5 days are referred to the school nurse.
- A current District Emergency Information card must be on file at the school so that parents/guardians can be notified promptly in case of accident or illness involving their child.
- School health personnel are available for consultation.

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PARENT: I certify that I have completed the Emergency Information Card, and I have signed the Authorization for Emergency Medical Treatment on the line directly below "Other Medications Used."

Name of Student (print) _____

Student Signature _____

Date _____