



2023-24 REQUIRED FORMS AND NOTIFICATIONS

August 17, 2023

Dear Parent/Guardian,

In an effort to keep you informed of procedures, laws and policies, a Parent Information Guide has been prepared for your review. A hard copy of this guide has been sent home with your child(ren) and is posted on our school district website at www.galt.k12.ca.us.

Please complete the attached forms and return them to your child's teacher or school office.

REQUIRED FORMS

- _____ 1. Receipt of Information on Parent/Guardian Legal Rights
- _____ 2. California Healthy Kids Survey - 5th & 6th grade only
- _____ 3. Chromebook User Agreement
- _____ 4. Google Apps For Education Participation Form
- _____ 5. Household Income Data Collection
- _____ 6. Housing Questionnaire
- _____ 7. Internet Responsibility Contract
- _____ 8. Student Accident Insurance Form

OPTIONAL FORMS

- _____ 9. Advisory Committees
- _____ 10. California Healthy Kids Survey - 7th & 8th grade only
- _____ 11. Student Opt-Out Form pg. 1
- _____ 12. Student Opt-Out Form pg. 2
- _____ 13. Volunteer Application

REQUIRED NOTIFICATIONS

- _____ 14. Concussion Information Sheet
- _____ 15. Fentanyl Fact Sheet
- _____ 16. Sudden Cardiac Arrest
- _____ 17. What is Type 1 Diabetes
- _____ 18. What is Type 2 Diabetes

INFORMATIONAL

- _____ 19. Middle School Sports Fees

Please contact your child's school or the district office if you have any questions about the Parent Information Guide contents. Your time to review and complete this information is valued to begin our new school year effectively!

Sincerely,

Lois Yount, Superintendent

2023- 2024

RECEIPT OF INFORMATION ON PARENTS LEGAL RIGHTS

As required by law, the Parent Information Guide is to notify you of your legal rights and responsibilities.

"I hereby acknowledge that I have received information from Galt Joint Union Elementary School District about the legal rights of parents and guardians with children in California public schools."

Name(s) of Students(s)	Schools

Parent Name

Parent Signature

Date

Please sign and return this form to your child's teacher.

CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY

2023-2024 SCHOOL YEAR (Active Consent)

5TH & 6TH GRADE ELEMENTARY SCHOOL STUDENTS ONLY

Dear Parent or Guardian:

Your 5th/6th grade student is being asked to be a part of our school's California Healthy Kids Survey (CHKS), sponsored by the California Department of Education (CDE). This is a very important survey that will help promote better health and well-being among our youth, improve the school learning environment, and combat problems such as drug abuse and violence. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning, as well as behaviors such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and school safety.

You may examine a sample questionnaire in the school office or at your district's Web site: www.galt.k12.ca.us

The results from this survey are compiled into district- and county-level CHKS Reports. To view a copy of your district's report, go to <https://calschls.org/reports-data/search-lea-reports/> (Outside Source) and type in the district name.

It is Voluntary. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer, and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered during the second trimester.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 20 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. The survey was developed for the CDE by WestEd, a public, non-profit educational institution. If you have any questions about this survey, or about your rights, call the district at 209-744-4545 x 331

Parent Consent Form for the California Healthy Kids Survey

Please check below whether you grant permission, sign, and return this form to the teacher who distributed it.

___ I **give permission** for my child to be in the California Healthy Kids Survey.

___ I **do not give permission** for my child to be in the California Healthy Kids Survey.

Signature: _____

Date: _____

My child's name is: _____
(Please Print)

Circle Grade Level: 5th or 6th

2023-24 School Year

Galt Joint Union Elementary School District

Chromebook User Agreement

My child and I agree to read and discuss the terms of the Galt Joint Union Elementary School District's Technology Handbook for Parents and Students, located on the school website. A hard copy of the Technology Handbook can be picked up in the school office or BFLC.

We understand that there is ***not*** an option for Chromebook insurance through the school district but we could seek a third-party insurance company on our own if we desire insurance.

The following are the estimated costs of the Chromebook parts and replacement:

- Total replacement of Chromebook: \$300
- Replacing screen: \$25
- Replacing keyboard/touchpad: \$20
- Replacing battery: \$20
- Replacing power supply/cord: \$25
- Replacing Chromebook Bag: \$15

☐ **We understand that we are responsible for damages and will be charged appropriately for the estimated costs of Chromebook parts or replacement.**

Families can opt out of taking the device home if ***all*** of the following requirements are met:

- Child has access to a laptop or computer at home
- Child has access to the internet
- Chrome is used as the web browser on the home device
- Device can access Google Apps (Google Docs, Clever, Google Drive, etc).

☐ **We would like to opt out of the 1:1 device take-home program and will provide our child with all of the above requirements. We understand that our child will be provided with a Chromebook during the school day. We understand that we are responsible for damages and will be charged appropriately for the estimated costs of Chromebook parts or replacement.**

Student Name (Print)

Student ID

Student Signature

Date

Parent Name (Print)

Contact Number

Parent/Guardian Signature

Date

2023-2024

GOOGLE APPS FOR EDUCATION PARTICIPATION FORM

Student First Name

Student Last Name

Student Birthdate

Student Grade Level

_____ **I have read** the Google Apps for Education Acceptable Use Policy. **I understand my** Google Apps account will be monitored by school officials and I will be held accountable for my actions online.

Student Signature

Date

Parent First Name

Parent Last Name

_____ **I give permission** for my child to use Google Apps for Education as described in the Google Apps for Education Acceptable Use Policy. By doing so, I agree to enforce appropriate use when my child is off district property.

Parent Signature

Date

_____ **I DO NOT give permission** for my child to use Google Apps for Education as described in the Google Apps for Education Acceptable Use Policy. By doing so, I understand that my child will not be issued a **student.galt.k12.ca.us** account to access collaborative work and resources offered by the district. Any existing account will be made inactive.

Parent Signature

Date

Household Income Data Collection **Galt Joint Union Elementary School District 2023-2024**

Name of Child(ren) attending a California K-12 Public School			School Attending	Teacher	Grade Level
Last	First	Student ID			
1.					
2.					
3.					
4.					
5.					
6.					

See additional information on the back of this form for assistance in determining your household size, annual household income, and Assistance Programs.

1. Do any household Members (child or adult) currently participate in CalFresh, CalWORKS or , FDPIR? **If yes**, check the applicable program box, enter the case number, and skip questions 2 & 3.

☐ CalFresh ☐ CalWORKS (TANF) ☐ FDPIR **Case number:** _____

2. Total Household Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly ☐ Annual

3. Circle the total number of adults and children living in your household: **1** **2** **3** **4** **5** **6** **7** **Other:** _____

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Printed name of adult household member
completing this form

Date

Home Phone Number

Cell Phone Number

E-Mail Address

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from Child Support and Alimony. If you currently participate in CalFresh, CalWORKS, FDPIR, or TANF check the applicable program box, enter the case number, and skip questions 2 & 3.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - o If paid monthly, multiply total pay by 12
 - o If paid twice per month, multiply total pay by 24
 - o If paid bi-weekly (every two weeks), multiply total pay by 26
 - o If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

HOUSING QUESTIONNAIRE

Student Name:	Date:
School:	Teacher:

Dear Parent/Guardian,

The information provided below will help the District determine what additional services your family may be eligible to receive. For your child, this could include educational services and resources. The information provided on this form will be kept confidential and only shared with the appropriate school district and site staff.

Are you and/or your family currently living in any of the following situations? Please select one:

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with others(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or a similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- ☐ None of the above (living in a permanent residence, rent or own)

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Parent/Guardian Name:	Signature:
Address:	Phone:

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals.
- Receive the full protections and services provided under all federal and state laws related to homeless children, youth, and their families.

Please list all children currently living with you.

NAME	BIRTHDATE	SCHOOL

Only one form per family is needed. Please return this form to your child's school office. If you have any questions or an immediate need, please contact the District's Homeless Liaison: Jane Kinner, School Social Worker; jkinner@galt.k12.ca.us; 209-744-5200 ext. 1501

INTERNET RESPONSIBILITY CONTRACT

All schools in the Galt Joint Union Elementary School District have access to the Internet- a collection of thousands of interconnected computer networks around the world that allows the almost instantaneous sharing of information.

Students and staff will have access to college and university libraries, information and news from various sources and research institutions, software of all types, electronic mail, discussion groups on various topics, and online learning resources.

The Galt Joint Union Elementary School District strongly believes in the educational value of such electronic services and recognizes the potential of such to support our curriculum and student learning in our district. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation and communication. We also want to take every precaution to protect students and staff from any misuse or abuses of this worldwide service.

With access to computers and people all over the world also comes the potential availability of material that may not be considered to be of educational value in the context of the school setting. There may be some material or individual communications that are not suitable for school-age children.

While the use of the Internet will be supervised by an adult at all times, students must agree to the responsible use of the system. Students should not:

- ✓ Send or receive messages that indicate or suggest unethical or illegal solicitation, threatening or obscene material, racism, sexism, inappropriate language, or other issues deemed inappropriate by the school staff.
- ✓ Use the Internet for commercial purposes.
- ✓ Reveal personal home addresses or phone numbers, or the addresses and phone numbers of others.
- ✓ Use copyrighted material in reports without permission
- ✓ Vandalize hardware, software and/or network systems.

Use of the district's computer systems is a privilege, not a right. Consequences for violating the behavior standards outlined above include:

- ✓ Loss of technology for one full year
- ✓ Repayment of any damages caused to equipment
- ✓ Suspension / Expulsion

In order to use the Internet in any of the district's schools, students and parents must sign below to indicate an understanding of the responsible use of the system and read the District Technology Handbook for parents and students located on the district website at www.galt.k12.ca.us

Teacher

Date

Student Name

Student Signature

Parent Name

Parent Signature

STUDENT ACCIDENT INSURANCE

Dear Parents:

The Galt Joint Union Elementary School District **does not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. To help you provide coverage for your child, the District is making available a low-cost medical/dental accident insurance program through Pacific Educators. The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School Time" or "24-Hour" (all day, every day) basis and can **cost as little as \$11 (one-time annual payment). See rates below.**

Please visit your Childs' School Office to obtain a detailed brochure/application, or you may obtain one and sign up online at www.peinsurance.com (click on Products, then Student Insurance). Please read the Student Benefits Plan Brochure to select the plan that best meets your needs.

NOW AVAILABLE AT NO COST – FREE PRESCRIPTION DRUG CARD – GET ONE AT YOUR CHILD'S SCHOOL OFFICE OR THE WEBSITE ABOVE.

The plans pay the first \$500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments. Since the district does NOT provide medical/dental accident insurance, we urge that serious consideration be given to the program. If you have further questions, please call Pacific Educators, Inc., Student Accident Department at (800) 722-3365 or email at applications@peinsurance.com

All Plans are a ONE TIME ANNUAL payment		
Options	Low	High
At School Plan Grades P-8	\$11.00	\$25.00
24-Hr-a-Day Plan Grades P-8	\$75.00	\$161.00

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately return to your child's teacher.

As parent/guardian of _____ / _____ / _____, I understand that the
(please print child's name) (school) (grade)

Galt Joint Union Elementary School District does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information on this program.

_____ I will enroll my child in the program _____ I will not enroll my child in the program

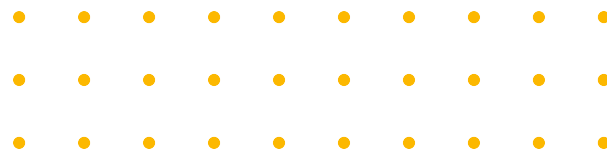
Parent Name

Parent Signature

Date



Galt Joint Union Elementary School District



HOW TO GET INVOLVED!

ADVISORY COMMITTEES

The advisory committees serve as school liaisons concerning school district improvement efforts and district planning. Members include parents, teachers, school staff, assistant principals, principals, district office staff, and the Superintendent.

DISTRICT ADVISORY COMMITTEE (DAC)	DISTRICT ENGLISH LEARNER ADVISORY COMMITTEE (DELAC)	PARENT ADVISORY COMMITTEE (PAC)
<p>The DAC serves in an advisory capacity to the school district and as a communication link between the schools and the community. DAC members provide valuable input regarding the District Education Programs and District Local Control Accountability Plan.</p> <p>2023-24 Meetings are held on the following Thursdays at 3:30 p.m. Location To Be Determined.</p> <ol style="list-style-type: none"> 1. October 12, 2023 2. December 14, 2023 3. January 11, 2024 4. February 8, 2024 5. March 14, 2024 6. April 11, 2024 7. May 9, 2024 <p>For more information, please contact your school principal or Kauai Bock at kbock@galt.k12.ca.us or 209-744-4545 ext. 308</p>	<p>The DELAC acts as the English learner parent advisory committee. The DELAC shall also review and comment on the development and annual update of the Local Control and Accountability Plan.</p> <p>2023-24 Meetings are held on the following Thursdays at 5:00 p.m. Location To Be Determined.</p> <ol style="list-style-type: none"> 1. October 12, 2023 2. December 14, 2023 3. January 11, 2024 4. February 8, 2024 5. March 14, 2024 6. April 11, 2024 7. May 9, 2024 <p>For more information, please contact your school principal or Claudia Del Toro-Anguiano at cdeltoro@galt.k12.ca.us or 209-744-4545 ext. 307</p>	<p>The PAC discusses topics related to Special Education, shares important information, and provides workshops and activities to assist with parent/family education.</p> <p>2023-24 Meetings will be held on the following 3rd Thursday of the month. Location To Be Determined.</p> <ol style="list-style-type: none"> 1. October 26, 2023 2. January 18, 2024 3. March 21, 2024 4. May 16, 2024 <p>For more information, please contact your school principal or Kuljeet Nijjar at knijjar@galt.k12.ca.us or 209-744-4545 ext. 303</p>

If you are interested in participating on one of these committees, please fill out the information below, and the appropriate designee will contact you.

Thank you.

Parent/Guardian Name	Email	Phone	Committee (DAC, DELAC, PAC)	School your child attends

CONSENT FOR THE CALIFORNIA HEALTHY KIDS SURVEY

2023-2024 SCHOOL YEAR (Passive Consent)

MIDDLE SCHOOL STUDENTS ONLY

Dear Parent or Guardian:

Your Middle School Student is being asked to be a part of our school's California Healthy Kids Survey (CHKS) sponsored by the California Department of Education (CDE). This is a very important survey that will help promote better health and well-being among our youth, improve the school learning environment and combat problems such as drug abuse and violence. Your child does not have to take the survey. You must notify your school if you do not want your child to complete the survey.

Survey Content. The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning; school safety; health-related concerns such as physical activity and nutritional habits; alcohol, tobacco and other drug use; risk of depression and suicide; and protected class identifiers such as sexual orientation and gender identity.

You may examine the questionnaire in the school office or at your district's Web site: www.galt.k12.ca.us

The results from this survey are compiled into district- and county-level CHKS Reports. To view a copy of your district's report, go to <https://calschls.org/reports-data/search-lea-reports/> (Outside Source) and type in the district name.

It is Voluntary. Students who, with your permission, agree to participate do not have to answer any questions they do not want to answer and may stop taking the survey at any time.

It is Anonymous. No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

Administration. The survey will be administered during the second trimester.

Potential Risks. There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. None have been reported in 22 years of survey administration. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

For Further Information. WestEd, a public, non-profit educational institution, developed the survey for the CDE. If you have any questions about this survey, or about your rights, call the district at 209-744-4545 x332

If you do not want your child to participate, you may contact: Lori Jones at 209-744-4545 x332 or ljones@galt.k12.ca.us

CHKS Withdrawal Form

By returning this form, I do not give permission for my child to be in the California Healthy Kids Survey.

My child's name is: _____ Grade: _____
(Please Print)

Teacher's name or Class subject: _____

Signature: _____ Date: _____

STUDENT OPT-OUT FORM

Page 1 of 2

This form provides parents the opportunity to opt-out their student of public media coverage, posting of student images and names on GJUESD digital communication tools, the release of directory information, films, and family life education. Please read each section of the form carefully.

If you would like to opt your child out of any of the following sections, please fill out your child's information (one form per child), check the associated box and sign the form.

Please note: This is an OPTIONAL form. The form should only be returned to the school if you wish to opt your child out of one of these areas.

Student First Name_____
Student Last Name_____
Grade_____
Parent Name_____
Parent Signature_____
Teacher/Homeroom Teacher Name_____
Date

MULTIMEDIA WITHHOLD FORM

There are occasions when news media are on school campuses to interview, photograph and videotape students for print and broadcast stories. Many of these stories are positive and highlight the good things happening in GJUESD schools. However, there are times when the media seeks access to our schools on more controversial issues. At all times our goal is to maintain student security and privacy.

If you want your child to be excluded from media stories, please check the box below and sign the form. Please know that there are times when the media will interview or photograph students off campus or without checking in with the front office. This form only acts as a guide to media coverage. It does not guarantee that your child will not be interviewed or photographed.

☐ I **DO NOT** want media representatives to publish/broadcast interviews with or photographs/video identifying my child.

POSTING OF STUDENT IMAGES AND NAMES ON GJUESD DIGITAL COMMUNICATION TOOLS

GJUESD offers a number of opportunities to publicize positive school and student events and accomplishments through district and school digital communication tools. Parents have the choice to withhold their student's images (photos and video) and name from being posted by checking the area below. It is the district's policy when using student images that first and last names are not posted with the image.

The only exception to this rule is the posting of student photos with first and last name into a GJUESD administrative system such as the student information system (Synergy) or the library system. These are closed systems that only GJUESD teachers, administrators and limited support staff have access to through password protected logons. There is no opt-out of these closed systems.

☐ I **DO NOT** want my student's image and name posted through any GJUESD digital communication tools.

STUDENT OPT-OUT FORM Page 2 of 2_____
Student First Name_____
Student Last Name_____
Teacher/Homeroom Teacher Name_____
Parent Signature**RELEASE OF DIRECTORY INFORMATION/YEARBOOK INFORMATION**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and the California Education Code, the District may release directory information to certain persons or organizations, as specified in this handbook, when it is requested. Directory information may include a student's name, photograph, address, telephone information, email address, major field of study, participation in officially recognized activities and sports, weight and height of members of the athletic teams, dates of attendance, degrees and awards received, and the most recent previous public or private school attended. In the case of students who have been identified as having special needs or homeless, no material can be released without parent or guardian consent. Parents and guardians can opt-out of having their child's directory information released by checking the box below and signing the form.

☐ **OPTION A:** NO student directory information released at all, including NO yearbook and award listings.

☐ **OPTION B:** NO student directory information released generally; YES include in yearbook and awards listings.

FAMILY LIFE EDUCATION

Each year, district schools offer a unit in Family Life Education to students in grades 5 & 6. The District's family life curriculum is based on abstinence and acknowledges the family as the primary provider of family life education. Under state law, parents have the right to excuse their children from the Family Life Program. If you do not want your child to participate in the Family Life Program please check the box below and sign the form.

☐ **I DO NOT** want my child to participate in the Family Life Program. I prefer that my child be given alternative assignments.

MOVIES AND VIDEOS

The District has a policy limiting the types of movies shown in classrooms. PG-13 rated movies that are District approved may be shown only to grades 6-8. If you do not want your child to view PG-13 rated movies during the 2023-24 school year, please check the box below:

☐ **I DO NOT** want my child to view approved PG-13 rated movies. I prefer that my child be given alternative assignments.

VOLUNTEER APPLICATION (TK-8)

Applicant must attach a copy of current driver's license or valid state ID card with a clear picture and TB results.

Last Name:	First Name:	Middle Name:
Birthdate:	Address:	
Telephone Number:	Drivers License Number:	
Volunteer School Site(s):	Please circle scheduled days at the site: M T W Th F	

CRIMINAL BACKGROUND:

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? _____ If yes, please explain below. You may omit minor traffic violations. Drunk or reckless driving is not a minor offense. (The existence of a criminal record does not automatically bar you from volunteering. However, failure to report is cause for disqualification or dismissal.) For adults chaperoning an overnight student trip, Department of Justice fingerprint clearance is required through the Galt Joint Union Elementary School District Office.

MEGAN'S LAW CLEARANCE:

Every adult wishing to participate in a school or classroom activity or chaperone a field trip must be cleared through the Megan's Law Database. The site will conduct a Megan's Law background check (Penal Code 290).

CONFIDENTIALITY:

I understand that in the course of my association with the Galt Joint Union Elementary School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to ensure the rights and confidentiality of information, both written and verbal.

I further understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated, may result in termination of volunteer involvement with the School District.

TB CLEARANCE (applicable if working with students on a regular basis):

The Galt Joint Union Elementary School District requires that all employees and volunteers who are working directly with students must present a Verification of Clear Tuberculosis result which has been taken within the last four (4) years. Tuberculosis verifications are valid for four(4) years. Please submit a copy of your recent TB test result to your School when returning your completed Volunteer Application Form. **(For your application to be complete, you must submit proof of a negative TB test result.)**

WORKERS COMPENSATION COVERAGE:

This is to advise you that the Galt Joint Union Elementary School District has adopted a Board Resolution to cover authorized volunteers for the purpose of Workers' Compensation Benefits. Workers' Compensation benefits will be provided in accordance with the California Labor Code for any injury or illness sustained while engaged in the services of the Galt Joint Union Elementary School District.

Should you be injured while serving in this capacity, and therefore covered under our Workers' Compensation Program, we need to advise you that you would not be eligible to file any civil claim, action, or proceeding.

By signing this document, you acknowledge that Workers' Compensation benefits will be the sole remedy and agree to waive any civil liability.

APPLICANT SIGNATURE _____ **DATE** _____

School Acknowledgement by:

Principal: _____ Date: _____ District Office: _____ Date: _____

To be completed by site personnel:

Megan's Law Cleared: Yes _____ No _____ Cleared by: _____ Date of Negative TB Test: _____

A FACT SHEET FOR Parents



What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs & Symptoms of a Concussion

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Symptoms Reported by Your Child or Teen

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual

**Only ask about sleep symptoms if the injury occurred on a prior day.*



Danger Signs

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if she or he has one or more of these danger signs:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injured occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

➤ What should I do if my child or teen has a concussion?

1. Seek medical attention right away.

A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).

2. Help them take time to get better.

If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a healthcare provider.

3. Talk to your child or teen about how they are feeling.

Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement.

➤ How can I help my child return to school safely after a concussion?

Most children can return to school within a few days. Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms.

Your child's or teen's healthcare provider can use CDC's Letter to Schools to provide strategies to help the school set up any needed supports.

As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer
- Sit out of physical activities, such as recess, PE, and sports until approved by a healthcare provider
- Complete fewer assignments
- Avoid noisy and over-stimulating environments

To learn more, go to www.cdc.gov/HEADSUP or call 1.800.CDC.INFO

January 2021



THE FACTS ABOUT

FENTANYL

Fentanyl is a synthetic opioid that is up to **50 times stronger than heroin** and **100 times stronger than morphine**. It is a major contributor to fatal and nonfatal overdoses in the U.S.

Fentanyl is a synthetic opioid that is up to

50x

Stronger than heroin

100x

Stronger than morphine

There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

ILLICITLY MANUFACTURED FENTANYL

Illicitly manufactured fentanyl (IMF) is available on the drug market in different forms, including liquid and powder. Fentanyl-laced drugs are extremely dangerous, and many people may be unaware that their drugs are laced with fentanyl.



Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and methamphetamine and made into pills that are made to resemble other prescription opioids.



In its **liquid form**, IMF can be found in nasal sprays, eye drops, or dropped onto paper like small candles.

DRUGS DO NOT COME WITH

AN INGREDIENTS LIST

MANY CONTAIN DEADLY

DOSES OF FENTANYL.

Street Names for Fentanyl: Apache, Dance Fever, Friend, Goodfellas, Jackpot, Murder 8, Tango & Cash

FENTANYL AND OVERDOSE

Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths. Even in small doses, it can be deadly.

150

Over 150 people die every day from overdoses related to synthetic opioids like fentanyl.

Drugs may contain deadly levels of fentanyl, and you wouldn't be able to see it, taste it, or smell it. It is nearly impossible to tell if drugs have been laced with fentanyl unless you test your drugs with fentanyl testing strips. Testing strips are inexpensive, typically give results within 5 minutes, and can be the difference between life or death. Even if the test is negative, caution should be taken as test strips might not detect more potent fentanyl-like drugs, like carfentanyl.

SIGNS OF OVERDOSE

Recognizing the signs of opioid overdose can save a life. Here are some things to look for:

- Small, constricted "pinpoint pupils"
- Choking or gurgling sounds
- Falling asleep or losing consciousness
- Limp body
- Slow, weak, or no breathing
- Cold, clammy, and/or discolored skin

WHAT TO DO IF YOU THINK SOMEONE IS OVERDOSING

It may be hard to tell whether a person is high or experiencing an overdose. If you aren't sure, it's best to treat the situation like an overdose—you could save a life.

1

Call 911
Immediately.

2

Administer
naloxone, if
available.

3

Try to keep the
person awake
and breathing.

4

Lay the person
on their side to
prevent choking.

5

Stay with them
until emergency
workers arrive.



SUDDEN CARDIAC ARREST:

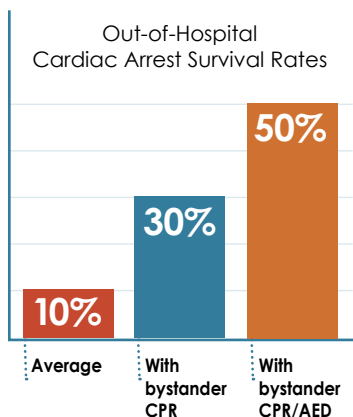
YOU CAN SAVE A LIFE

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the **heart suddenly stops beating**. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure.

Sudden Cardiac Arrest IS NOT the same as a heart attack.

SCA VICTIM:	HEART ATTACK VICTIM:
• Unresponsive	• Responsive
• Not breathing normally	• Breathing
• Needs CPR/AED	• Doesn't need CPR/AED

BYSTANDER ACTION SAVES LIVES



EVERY SECOND COUNTS

SCA leads to death in minutes if the person does not get help right away.

For every minute that passes, survival odds decrease by 10%.

THE SHOCKING FACTS

Sudden Cardiac Arrest (SCA) is a national public health crisis affecting **1,000 people outside hospital settings each day**. It strikes people of all ages who may seem to be healthy, even children and teens.

Today only **1 in 10** survives SCA.



If bystanders give CPR & use AEDs immediately **5 in 10** could survive.

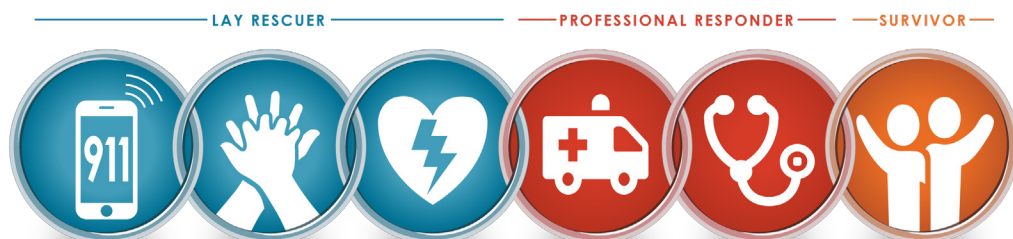


7 IN 10 SCAs HAPPEN AT HOME.

You could save the life of someone you love by starting CPR.

CHAIN OF SURVIVAL

Survival from SCA depends on the quick actions of people nearby.



Call 911

If a person is unresponsive and not breathing normally, call 911.

Start CPR

Push hard and fast in the center of the chest.

Use AED

Use an AED to restart the heart.

Response

EMS provides advanced life support and transport to the hospital.

Care

Medical team provides integrated post-cardiac arrest care.

Recovery

Support team addresses the physical, social, and emotional needs of survivors and their families.



Sudden Cardiac Arrest Foundation

Learn more at sca-aware.org. Follow us:     

Proud Co-Sponsor of the **CallPushShock**™ Movement

Source: Heart Disease and Stroke Statistics—2022 Update: A Report from the American Heart Association © 2022 Sudden Cardiac Arrest Foundation. All rights reserved.



TYPE 1 DIABETES AWARENESS

What Is Type 1 Diabetes?

If you have type 1 diabetes, your pancreas doesn't make insulin or makes very little insulin. Insulin helps blood sugar enter the cells in your body for use as energy. Without insulin, blood sugar can't get into cells and builds up in the bloodstream. High blood sugar is damaging to the body and causes many of the symptoms and complications of diabetes.

Type 1 diabetes was once called insulin-dependent or juvenile diabetes. It usually develops in children, teens, and young adults but can happen at any age.

Type 1 diabetes is less common than type 2—about 5-10% of people with diabetes have type 1. Currently, no one knows how to prevent type 1 diabetes, but it can be treated successfully by:

- Following your doctor's recommendations for living a healthy lifestyle.
- Managing your blood sugar.
- Getting regular health checkups.
- Getting diabetes self-management education and support.

What Causes Type 1 Diabetes?

Type 1 diabetes is thought to be caused by an autoimmune reaction (the body attacks itself by mistake). This reaction destroys the cells in the pancreas that make insulin, called beta cells. This process can go on for months or years before any symptoms appear.

Some people have certain genes (traits passed on from parent to child) that make them more likely to develop type 1 diabetes. However, many of them won't go on to have type 1 diabetes even if they have the genes. A trigger in the environment, such as a virus, may also play a part in developing type 1 diabetes. **Diet and lifestyle habits don't cause type 1 diabetes.**

TOP 4 SYMPTOMS:

- 🔴 *Extreme Thirst*
- 🔴 *Weakness/Fatigue*
- 🔴 *Frequent Urination*
- 🔴 *Weight Loss*

Symptoms and Risk Factors

It can take months or years before symptoms of type 1 diabetes are noticed. Type 1 diabetes symptoms can develop in just a few weeks or months. Once symptoms appear, they can be severe.

Some type 1 diabetes symptoms are similar to symptoms of other health conditions. Don't guess! If you think you could have type 1 diabetes, see your doctor to get your blood sugar tested. Untreated diabetes can lead to very serious—even fatal—health problems.

Risk factors for type 1 diabetes are not as clear as for prediabetes and type 2 diabetes. However, studies show that family history may play a part.

Testing for Type 1 Diabetes

A simple blood test will let you know if you have diabetes. If you were tested at a health fair or pharmacy, follow up at a clinic or doctor's office. That way you'll be sure the results are accurate.

If your doctor thinks you have type 1 diabetes, your blood may also be tested for autoantibodies. These substances indicate your body is attacking itself and are often found with type 1 diabetes but not type 2. You may have your urine tested for ketones too. Ketones are produced when your body burns fat for energy. Having ketones in your urine indicates you have type 1 diabetes instead of type 2.



TYPE 1 DIABETES

Type 1 Diabetes is a chronic life-threatening autoimmune disease in which a person's pancreas produces little, to no insulin. Insulin is needed to survive. Though the onset of Type 1 Diabetes can occur at any age, many are diagnosed as children and teens.



DON'T ASSUME IT'S A VIRUS

Ask your doctor for a urine test or finger prick blood test to rule out Type 1 Diabetes.



TYPE 2 DIABETES AWARENESS

Type 2 Diabetes?

More than 37 million Americans have diabetes (about 1 in 10), and approximately 90-95% of them have type 2 diabetes. Type 2 diabetes most often develops in people over age 45, but more and more [children](#), [teens](#), and young adults are also developing it.

What Causes Type 2 Diabetes?

Insulin is a hormone made by your pancreas that acts like a key to let blood sugar into the cells in your body for use as energy. If you have type 2 diabetes, cells don't respond normally to insulin; this is called [insulin resistance](#). Your pancreas makes more insulin to try to get cells to respond. Eventually, your pancreas can't keep up, and your blood sugar rises, setting the stage for [prediabetes](#) and type 2 diabetes. High blood sugar is damaging to the body and can cause other serious health problems, such as [heart disease](#), [vision loss](#), and [kidney disease](#).

Symptoms and Risk Factors

Type 2 diabetes [symptoms](#) often develop over several years and can go on for a long time without being noticed (sometimes there aren't any noticeable symptoms at all). Because symptoms can be hard to spot, it's important to know the [risk factors](#) and to see your doctor to get your blood sugar tested if you have any of them.



TYPE 2 DIABETES IN CHILDREN AND TEENS

Childhood obesity rates are rising, and so are the rates of type 2 diabetes in youth. More than 75% of children with type 2 diabetes have a close relative who has it, too. But it's not always because family members are related; it can also be because they share certain habits that can increase their risk. Parents can help prevent or delay type 2 diabetes by developing a plan for the whole family:

- *Drinking more water and fewer sugary drinks*
- *Eating more vegetables & fruits*
- *Making favorite foods healthier*
- *Making physical activity more fun*

Healthy changes become habits more easily when everyone makes them together.

SYMPTOMS:

- ◆ *Frequent Urination*
- ◆ *Very Thirsty*
- ◆ *Weight Loss*
- ◆ *Very Hungry*
- ◆ *Have Blurry Vision*
- ◆ *Have Numb or Tingling Hands or Feet*
- ◆ *Feel Very Tired*
- ◆ *Have Very Dry Skin*
- ◆ *Have Sores that Heal Slowly*
- ◆ *Have More Infections Than Usual*

Testing for Type 2 Diabetes

A [simple blood test](#) will let you know if you have diabetes. If you've gotten your blood sugar tested at a health fair or pharmacy, follow up at a clinic or doctor's office to make sure the results are accurate.

Managing Diabetes

Unlike many health conditions, diabetes is managed mostly by you, with support from your health care team (including your primary care doctor, foot doctor, dentist, eye doctor, registered dietitian nutritionist, diabetes educator, and pharmacist), family, and other important people in your life. Managing diabetes can be challenging, but everything you do to improve your health is worth it!



HEALTHY EATING IS YOUR RECIPE FOR MANAGING DIABETES.



Galt Joint Union Elementary School District

Admission Prices

Admission Prices for Sporting Events

<u>Individual Admission Prices</u>	<u>Adult</u>	<u>Student (K-12)</u>
Middle School Sporting Events	\$4.00	\$2.00

All proceeds go directly to our students in the form of officiating, equipment purchases, and uniform purchases at Robert L. McCaffrey Middle School.

