

Sample Danger of Synthetic Drugs Memorandum

To: Parents and Guardians of Students in the **Gratton School District**

From: **Wendy Williams**

Subject: **Dangers of Synthetic Drugs**

The purpose of this memorandum is to inform and to remind parents and legal guardians of all students in the **Gratton School District** of the dangers of the illicit use and abuse of synthetic drugs.

The illicit use and abuse of synthetic drugs represent an emerging and ongoing public health threat in California. The fentanyl crisis specifically has impacted communities across the state, leading to a sharp increase in fentanyl poisonings and deaths in recent years.

This notice aims to address the crisis with a preventative approach, ensuring students and families are educated on the deadly consequences of recreational drug use.

A synthetic drug is a drug with properties and effects similar to a known hallucinogen or narcotic but having a slightly altered chemical structure, especially such a drug created to evade existing restrictions against illegal substances.

Synthetic drugs include but are not limited to synthetic cannabinoids (“synthetic marijuana,” “spice,” “K2”), methamphetamines, bath salts, and fentanyl.

The California Department of Public Health (“CDPH”) has expounded on the extreme danger of drugs laced with fentanyl. Illicit fentanyl can be added to other drugs to make them cheaper, more powerful, and more addictive. Illicit fentanyl has been found in many drugs, including heroin, methamphetamine, counterfeit pills, and cocaine. Fentanyl mixed with any drug increases the likelihood of a fatal overdose. Furthermore, it is nearly impossible to tell if drugs have been laced with fentanyl without additional testing because fentanyl cannot be seen, smelled, or tasted when used as a lacing agent.

Additional information regarding fentanyl from the CDPH’s Substance and Addiction Prevention Branch can be found here

https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Fentanyl.aspx?gclid=CjwKCAjwIJimBhAsEiwA1hrp5qv344HMapv0xRus9jfqILGf6Byb4dMmm_Kr_t0S4GCQ8bzXm6IBxBoClxkQAvD_BwE&utm_campaign=dc_ope_mc_en&utm_content=na&utm_medium=paidsearch&utm_source=dc_gs&utm_term=na_na.

Sample Firearms Safety Memorandum

To: Parents and Guardians of Students in the **Gratton School District**

From: **Wendy Williams**

Subject: **California Law Regarding Safe Storage of Firearms**

The purpose of this memorandum is to inform and to remind parents and legal guardians of all students in the **Gratton School District** of their responsibilities for keeping firearms out of the hands of children as required by California law. There have been many news reports of children bringing firearms to school. In many instances, the child obtained the firearm(s) from their home. **These incidents can be easily prevented by storing firearms in a safe and secure manner, including keeping them locked up when not in use and storing them separately from ammunition.**

To help everyone understand their legal responsibilities, this memorandum spells out California law regarding the storage of firearms. Please take some time to review this memorandum and evaluate your own personal practices to assure that you and your family are in compliance with California law.

- With very limited exceptions, California makes a person criminally liable for keeping any firearm, loaded or unloaded, within any premises that are under their custody and control where that person knows or reasonably should know that a child is likely to gain access to the firearm without the permission of the child's parent or legal guardian, and the child obtains access to the firearm and thereby (1) causes death or injury to the child or any other person; (2) carries the firearm off the premises or to a public place, including to any preschool or school grades kindergarten through twelfth grade, or to any school-sponsored event, activity, or performance; **or** (3) unlawfully brandishes the firearm to others.¹
 - **Note:** The criminal penalty may be significantly greater if someone dies or suffers great bodily injury as a result of the child gaining access to the firearm.
- With very limited exceptions, California also makes it a crime for a person to negligently store or leave any firearm, loaded or unloaded, on their premises in a location where the person knows or reasonably should know that a child is likely to gain access to it without the permission of the child's parent or legal guardian, unless reasonable action is taken to secure the firearm against access by the child, even where a minor **never** actually accesses the firearm.²

¹ See California Penal Code sections 25100-25125 and 25200-25220.

² See California Penal Code section 25100(c).

- In addition to potential fines and terms of imprisonment, as of January 1, 2020, a gun owner found criminally liable under these California laws faces prohibitions from possessing, controlling, owning, receiving, or purchasing a firearm for 10 years.³
- Finally, a parent or guardian may also be civilly liable for damages resulting from the discharge of a firearm by that person's child or ward.⁴

Note: Your county or city may have additional restrictions regarding the safe storage of firearms.

Thank you for helping to keep our children and schools safe. Remember that the easiest and safest way to comply with the law is to keep firearms in a locked container or secured with a locking device that renders the firearm inoperable.

Sincerely,

Wendy Williams

Date published: 07/01/2024
California Department of Education

³ See California Civil Code section 29805.

⁴ See California Civil Code section 1714.3.

Notification of Rights Under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

(1) The right to inspect and review the student’s education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.

Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise the parent or eligible student of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing their tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill their professional responsibility.

In addition, the Student Aid Commission may have access to the grade point average (GPA) of all district students in grade 12 and, when required, verification of high school graduation or its equivalent of all students who graduated in the prior academic year, for use in the Cal Grant postsecondary financial aid program. However, such information shall not be submitted when a

student, or their parent or guardian if the student is under 18 years of age, “opts out” or is permitted by the rules of the Student Aid Commission to provide test scores in lieu of their GPA. (Ed. Code, §§ 69432.9, 69432.92) No later than January 1 each year, the Superintendent or designee shall notify each student in grade 11, and the student’s parents/guardians if the student is under 18 years of age, that the student’s GPA will be forwarded to the Student Aid Commission by October 1 unless the student opts out within a period of time specified in the notice, which shall not be less than 30 days. (Ed. Code, § 69432.9)

Upon request, the School discloses education records, without prior consent, to officials of another school district in which a student seeks or intends to enroll.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

“KNOW YOUR EDUCATIONAL RIGHTS” IMMIGRATION ENFORCEMENT FROM THE CALIFORNIA ATTORNEY GENERAL

Your Child Has the Right to a Free Public Education

- All children in the United States have a Constitutional right to equal access to free public education, regardless of immigration status and regardless of the immigration status of the student’s parents or guardians.
- In California:
 - All children have the right to a free public education.
 - All children ages 6 to 18 years must be enrolled in school.
 - All students and staff have the right to attend safe, secure, and peaceful schools.
 - All students have a right to be in a public school learning environment free from discrimination, harassment, bullying, violence, and intimidation.
 - All students have equal opportunity to participate in any program or activity offered by the school, and cannot be discriminated against based on their race, nationality, gender, religion, or immigration status, among other characteristics.

Information Required for School Enrollment

- When enrolling a child, schools must accept a variety of documents from the student’s parent or guardian to demonstrate proof of child’s age or residency.
- You never have to provide information about citizenship/immigration status to have your child enrolled in school. Also, you never have to provide a Social Security number to have your child enrolled in school.

Confidentiality of Personal Information

- Federal and state laws protect student education records and personal information. These laws generally require that schools get written consent from parents or guardians before releasing student information, unless the release of information is for educational purposes, is already public, or is in response to a court order or subpoena.
- Some schools collect and provide publicly basic student “directory information.” If they do, then each year, your child’s school district must provide parents/guardians with written notice of the school’s directory information policy, and let you know of your option to refuse release of your child’s information in the directory.

Family Safety Plans If You Are Detained or Deported

- You have the option to provide your child's school with emergency contact information, including the information of secondary contacts, to identify a trusted adult guardian who can care for your child in the event you are detained or deported.
- You have the option to complete a Caregiver's Authorization Affidavit or a Petition for Appointment of Temporary Guardian of the Person, which may enable a trusted adult the authority to make educational and medical decisions for your child.

Right to File a Complaint

- Your child has the right to report a hate crime or file a complaint to the school district if they are discriminated against, harassed, intimidated, or bullied on the basis of their actual or perceived nationality, ethnicity, or immigration status.

For more information on resources for responding to immigration enforcement activities at California schools, or to file a complaint, please contact:

Bureau of Children's Justice
California Attorney General's Office
P.O. Box 944255
Sacramento, CA 94244-2550
Phone: (800) 952-5225
E-mail: BCJ@doj.ca.gov
<https://oag.ca.gov/bcj/complaint>

The Attorney General's publications can be downloaded at: <https://www.oag.ca.gov/bcj>

HEALTHY SCHOOLS ACT OF 2000

Notice to all students, parents/guardians and employees of the Graton School District:

Education Code sections 17608 et seq. requires, among other things, that school districts notify parents and staff about the use of pesticides at school. The purpose is to reduce exposure to toxic pesticides through information and application of an integrated pest management system at schools. Towards this end, and pursuant to the requirements of this legislation, please be advised of the following:

The Graton School District expects to use the following pesticides at its campuses during the upcoming year:

| Pesticide Name | E.P.A. Reg. Number | Active Ingredients |
|---------------------------|--------------------|--------------------|
| Advion Ant Gel | 100-1498AA | Indoxacarb |
| Advion Cockroach Gel Bait | 100-1484-AA | Indoxacarb |
| Suspend PolyZone | 432-1514-AA | Deltamethrin |

Parents/guardians of the Graton School District can register with the District's designee, Wendy Williams, to receive notification of individual pesticide applications by calling 209-632-0505. Persons who register for this notification shall be notified at least seventy-two (72) hours prior to the application, except in emergencies, and will be provided the name and active ingredient(s) of the pesticide as well as the intended date of application.

If you wish to access information on pesticides and pesticide use reduction developed by the Department of Pesticide Regulation pursuant to California Food and Agricultural Code section 13184, you can do so by accessing the Department's web-site at www.cdpr.ca.gov.

Model Notification of Rights Under the Protection of

Pupil Rights Amendment (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right for parents of minor students to:

- A. Consent before students are required to submit a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED):
 - 1. Political affiliations or beliefs of the student or student’s parent;
 - 2. Mental or psychological problems of the student or student’s family;
 - 3. Sex behavior or attitudes;
 - 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 - 5. Critical appraisals of others with whom respondents have close family relationships;
 - 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 - 7. Religious practices, affiliations, or beliefs of the student or parents; or
 - 8. Income, other than as required by law to determine program eligibility.
- B. Receive notice and an opportunity to opt a student out of:
 - 1. Any other protected information survey, regardless of funding;
 - 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screening, or any physical exam or screening permitted or required under State law; and
 - 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- C. Inspect, upon request and before administration or use:
 - 1. Protected information surveys of students;

2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the education curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

Gratton School District has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **Gratton School District** will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. **Gratton School District** will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt their child out of participation of the specific activity or survey. **Gratton School District** will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. The following is a list of the specific activities and surveys covered under this requirement:

1. Collection, disclosure, or use of personal information for marketing, sales or other distribution.
2. Administration of any unprotected information survey not funded in whole or in part by the Department of Education.
3. Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920

TYPE 1 DIABETES INFORMATION SHEET

Type 1 diabetes in children is an autoimmune disease that can be fatal if untreated, and the guidance provided in this information sheet is intended to raise awareness about his disease.

Type 1 diabetes usually develops in children and young adults, but can occur at any age.

- According to the U.S. Centers for Disease Control and Prevention (CDC), cases of type 1 diabetes in youth increased nationally from 187,000 in 2018 to 244,000 in 2019, representing an increase of 25 per 10,000 youths to 35 per 10,000 youths, respectively.
- The peak age of diagnosis of type 1 diabetes is 13-14 years, but diagnosis can also occur much earlier or later in life.

Type 1 diabetes affects insulin production.

- As a normal function, the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
- In type 1 diabetes, the body's pancreas stops making insulin, and blood glucose levels rise.
- Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
- Untreated hyperglycemia can result in diabetic ketoacidosis (DKA), which is a life-threatening complication of diabetes.

Risk Factors Associated with Type 1 Diabetes

- It is recommended that students displaying warning signs associated with type 1 diabetes, which are described below, should be screened (tested) for the disease by their health care provider.
- Researchers do not completely understand why some people develop type 1 diabetes and others do not; however, having a family history of type 1 diabetes can increase the likelihood of developing type 1 diabetes.
- Other factors may play a role in developing type 1 diabetes, including environmental triggers such as viruses.
- Type 1 diabetes is not caused by diet or lifestyle choices.

Warning Signs and Symptoms Associated with Type 1 Diabetes

- Warning signs and symptoms of type 1 diabetes in children develop quickly, in a few weeks or months, and can be severe. If your child displays the warning signs below, contact your child's primary health care provider or pediatrician for a consultation to determine if screening your child for type 1 diabetes is appropriate:
 - Increased thirst.
 - Increased urination, including bed-wetting after toilet training.
 - Increased hunger, even after eating.
 - Unexplained weight loss.
 - Feeling very tired.
 - Blurred vision.
 - Very dry skin.
 - Slow healing of sores or cuts.
 - Moodiness, restlessness, irritability, or behavior changes.
- DKA is a complication of untreated type 1 diabetes. DKA is a medical emergency. Symptoms include:
 - Fruity breath.
 - Dry/flushed skin.
 - Nausea.
 - Vomiting.
 - Stomach pains.
 - Trouble breathing.
 - Confusion.

Types of Diabetes Screening Tests that are Available

- Glycated hemoglobin (A1C) test:
 - A blood test measures the average blood sugar over two to three months.

- An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- Random (non-fasting) blood sugar test:
 - A blood sample is taken any time without fasting.
 - A random blood sugar level of 200 milligrams per deciliter (mg/dl) or higher suggests diabetes.
- Fasting blood sugar test:
 - A blood sample is taken after an overnight fast.
 - A level of 126 mg/dl or higher on two separate tests indicates diabetes.
- Oral glucose tolerance test:
 - A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid.
 - A reading of more than 200 mg/dl after two hours indicates diabetes.

Type 1 Diabetes Treatments

- There are no known ways to prevent type 1 diabetes. Once type 1 diabetes develops, medication is the only treatment.
- If your child is diagnosed with type 1 diabetes, their health care provider will be able to help develop a treatment plan.
- Your child's health care provider may refer your child to an endocrinologist, a doctor specializing in the endocrine system and its disorders, such as diabetes.

Please contact your student's school nurse, school administrator, or health care provider if you have any questions.

TYPE 2 DIABETES INFORMATION SHEET

- Type 2 diabetes is the most common form of diabetes in adults.
 - Until recently, type 2 diabetes was rare in children, but it is becoming more common, especially for overweight teens
 - According to the U.S. Centers for Disease Control and Prevention (CDC), one in three American children born after 2000 will develop type 2 diabetes in their lifetime.
- Type 2 diabetes affects the way the body is able to use sugar (glucose) for energy.
 - As a normal function, the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
 - The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
 - In type 2 diabetes, the body's cells resist the effects of insulin, and blood glucose levels rise.
 - Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
 - Untreated hyperglycemia can lead to health problems like heart disease, blindness, and kidney failure.

Risk Factors Associated with Type 2 Diabetes

- It is recommended that students displaying warning signs associated with type 2 diabetes, which are described below, should be screened (tested) for the disease by their health care provider.
- Researchers do not completely understand why some people develop type 2 diabetes and others do not; however, the following risk factors are associated with an increased risk of type 2 diabetes in children:
 - Being overweight. The single greatest risk factor for type 2 diabetes in children is excess weight. In the U.S., almost one out of every five children is overweight. The chances are more than double that an overweight child will develop diabetes.
 - Family history of diabetes. Many affected children and youth have at least one parent with diabetes or have a significant family history of the disease.

- Inactivity. Being inactive further reduces the body's ability to respond to insulin.
- Specific racial/ethnic groups. Native Americans, African Americans, Hispanics/Latinos, or Asian/Pacific Islanders are more prone than other ethnic groups to develop type 2 diabetes.
- Puberty. Young people in puberty are more likely to develop type 2 diabetes than younger children, probably because of normal rises in hormone levels that can cause insulin resistance during this stage of rapid growth and physical development.

Warning Signs and Symptoms Associated with Type 2 Diabetes

- Warning signs and symptoms of type 2 diabetes in children develop slowly, and initially there may be no symptoms. However, not everyone with insulin resistance or type 2 diabetes develops these warning signs, and not everyone who has these symptoms necessarily has type 2 diabetes.
 - Increased thirst, dry mouth, and frequent urination.
 - Increased hunger, even after eating.
 - Unexplained weight loss.
 - Feeling very tired.
 - Blurred vision.
 - Slow healing of sores or cuts.
 - Dark velvety or ridged patches of skin, especially on the back of the neck or under the arms.
 - Irregular periods, no periods, and/or excess facial and body hair growth in girls.
 - High blood pressure or abnormal blood fat levels.

Type 2 Diabetes Prevention Methods and Treatments

- Healthy lifestyle choices can help prevent and treat type 2 diabetes. Even with a family history of diabetes, eating healthy foods in the correct amounts and exercising regularly can help children achieve or maintain a normal body weight and normal blood glucose levels.
 - Eat healthy foods. Make wise food choice. Eat foods low in fat and calories.

- Get more physical activity. Increase physical activity to at least 60 minutes every day.
- Take medication. If diet and exercise are not enough to control the disease, it may be necessary to treat type 2 diabetes with medication.
- The first step in treating type 2 diabetes is to visit a doctor. A doctor can determine if a child is overweight based on the child's age, weight, and height. A doctor can request tests of a child's blood glucose to see if the child has diabetes or pre-diabetes (a condition which may lead to type 2 diabetes).

Types of Diabetes Screening Tests that are Available

- Glycated hemoglobin (A1C) test:
 - A blood test measures the average blood sugar over two to three months.
 - An A1C level of 6.5 percent or higher on two separate tests indicates diabetes.
- Random (non-fasting) blood sugar test:
 - A blood sample is taken any time without fasting.
 - A random blood sugar level of 200 milligrams per deciliter (mg/dl) or higher suggests diabetes.
 - This test must be confirmed with a fasting blood glucose test.
- Fasting blood sugar test:
 - A blood sample is taken after an overnight fast.
 - A fasting blood sugar level less than 100 mg/dl is normal.
 - A level of 100 to 125 mg/dl is considered pre-diabetes.
 - A level of 126 mg/dl or higher on two separate tests indicates diabetes.
- Oral glucose tolerance test:
 - A test measuring the fasting blood sugar level after an overnight fast with periodic testing for the next several hours after drinking a sugary liquid.
 - A reading of more than 200 mg/dl after two hours indicates diabetes.

Type 2 diabetes is a preventable/treatable disease and the guidance provided in this information sheet is intended to raise awareness about this disease. Please contact your student's school nurse, school administrator, or health care provider if you have any questions.

IMMUNIZATION INFORMATION SYSTEMS RECORD SHARING

Pursuant to Health and Safety Code section 120440, the District is required to disclose certain immunization records to Stanislaus County Public Health Department, 917 Oakdale Road, Modesto, CA 95353 and the State Department of Public Health (6101 W. Centinela Avenue, Suite 300, Culver City, California, 90230), including:

1. The name of the pupil and names of the parents or guardians of the pupil;
2. Date of birth of the pupil;
3. Types and dates of immunizations received by the pupil;
4. Manufacturer and lot number for each immunization received;
5. Adverse reaction to immunizations received;
6. Other nonmedical information necessary to establish the pupil's unique identity and record;
7. Results of tuberculosis screening;
8. Current address and telephone number of the pupil and the parents or guardians of the pupil;
9. Pupil's gender;
10. Pupil's place of birth;
11. Pupil's race and ethnicity;
12. Pupil's information needed to comply with education and childcare immunization requirements including:
 - a. Diphtheria;
 - b. Hepatitis B;
 - c. Haemophilus influenza type b;
 - d. Measles;
 - e. Mumps;
 - f. Pertussis (whooping cough);
 - g. Poliomyelitis;

- h. Rubella;
- i. Tetanus;
- j. Varicella (chickenpox);
- k. Any other disease deemed appropriate by the State Department of Public Health.

Any of the information shared with Stanislaus County Public Health Department and the State Department of Public Health shall be treated as confidential medical information and shall be used only to share with each other, and, upon request, with health care providers, schools, childcare facilities, family childcare homes, Women, Infant, and Child service providers, county human services agencies, foster care agencies, and health care plans. These providers, agencies, and institutions shall, in turn, treat the shared information as confidential, and shall use it only to:

1. Provide immunization services to the pupil, including issuing reminder notifications to parents or pupils when immunizations are due.
2. Provide or facilitate provision of third-party payer payments for immunizations;
3. Compile and disseminate statistical information of immunization status on groups of pupils in California, without identifying information for these pupils included in these groups or populations;
4. Carry out the responsibilities regarding immunization for attendance or participation benefits in education programs;

You and your pupil have the right to examine any immunization-related information or tuberculosis screening results shared pursuant to this requirement and to correct any errors therein.

You or your pupil may refuse to allow this information to be shared pursuant to this requirement or to receive immunization reminder notifications at any time, or both. If you do not want this information to be shared or to receive reminder notifications, please contact:

Wendy Williams
4500 S. Gratton Road, Denair, CA 95316
209-632-0505

Regardless of whether you do wish to share immunization-related information, your pupil's physician may maintain access to this information for the purposes of pupil care or protecting the public health. In addition, Stanislaus County Public Health Department and the State Department of Public Health may maintain access to this information for the purposes of protecting the public health.

Wendy Williams, Superintendent
4500 S. Gratton Road
Denair, CA 95316

July 1, 2024

Dear Parent or Guardian and Gratton School student:

As a parent or guardian, I know how important your child's health is to you. That's why I want to share information about human papillomavirus (HPV) and an effective way to protect your child from the cancers it can cause through immunization.

What is HPV?

HPV is a very common virus that 8 out of 10 people will get at some point in their lifetime. Some HPV infections can lead to cancer later in life.



HPV is estimated to cause about 37,000 cases of cancer in men and women every year in the U.S. – that's the same as the average attendance for a major league baseball game!

Only cervical cancer, one of the cancers caused by HPV, can be detected early with a Pap test. The other cancers caused by HPV (cancers of the throat, genitals, or anus) may not be detected until they are more serious. HPV vaccination prevents infections that cause these cancers.

How can I protect my child from HPV?

HPV vaccination can prevent over 90% of cancers caused by HPV. HPV vaccines are very safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks. With more than 135 million doses given in the U.S. since 2006, HPV vaccine has a long safety record that's backed by over 15 years of monitoring. Common side effects are mild and get better within a day or two. These include pain, redness, or swelling where the shot was given, similar to other vaccines.



HPV vaccination works extremely well. Since HPV vaccination was first recommended in 2006, infections with HPV types that cause most HPV cancers have dropped 88% among teen girls and 81% among young adult women.

Vaccination against HPV is recommended by the federal Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. It's also recommended by the American Cancer Society and California's Cancer Prevention Act.

Who should get the vaccine and when should they get it?



Because the vaccine is more effective when given at younger ages, two doses of HPV vaccine are recommended for all kids between the ages of 9 to 12 years, and the second dose should be given before the start of 8th grade.

(Kids who wait until later to get their first dose of HPV vaccine may need three doses.) The HPV vaccine is often given at the same time as other adolescent vaccines, like Tdap to prevent whooping cough and meningococcal vaccine to prevent bacterial meningitis.

Where can I get the HPV vaccine for my child?

Ask your health care provider, pharmacist, or local health department to learn more about HPV vaccine and where you can get it. The vaccine is covered by most health insurance plans. If you don't have health insurance, your child can still get vaccinated. The Vaccines for Children (VFC) Program offers free vaccines to children up to age 18 years without insurance or whose insurance does not cover the cost of vaccines.

Ask your healthcare provider or [local health department](#) about VFC, or learn more [here](#). Find doctors participating in VFC [in your area](#).

For more information on HPV, the vaccine, and cancer prevention, visit the [Centers for Disease Control and Prevention](#).

Sincerely,

Wendy Williams
Superintendent