



EGUSD Pregnant and Parenting Student Rights

1. Where can I find information on my rights as a pregnant or parenting student?

- a. EGUSD notifies all students and families of the rights of pregnant and parenting students each year as part of the EGUSD Parent and Student Handbook at the beginning of the school year (*EC Section 222.5(a,b)*):
<https://www.egusd.net/StudentsFamilies/ResourcesSupports/District-Handbook/index.html>
- b. Additional resources are available on the Student and Family Empowerment (SAFE) Office webpage under the “Teen Parent Program” (TPP):
<https://www.egusd.net/StudentsFamilies/ResourcesSupports/Student-and-Family-Empowerment-Centers/index.html>
- c. Upon identification as a pregnant or parenting student, an intake meeting is scheduled where a staff member reviews orally student rights and provides the “EGUSD Teen Pregnant and Parenting Student Rights” handout along with additional district and community resources in writing. Students are assessed for additional needs and directed to the appropriate community and government agencies for meeting those needs. Upon completion of the intake process, case management services start, and follow-up appointments are scheduled to maintain communication with students and keep them informed of their rights.

2. Will I be treated differently because I am a pregnant or parenting student?

- a. The district prohibits any discrimination or differential treatment based on the actual or potential marital, pregnancy, or parenting status. Discrimination or differential treatment based on sex, gender identity, gender expression, and sexual orientation is also prohibited. (*EC Section 221.51(a)*; *5 CCR Section 4950*; *34 CFR Section 106.40(a)*)
- b. EGUSD will not exclude or deny any student from participating in any educational program or activity solely on the basis of a student’s pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery therefrom. (*EC Section 221.51(b)*; *5 CCR Section 4950(a)*; *34 CFR Section 106.40(b)(1)*)
- c. Pregnant or parenting students are not excluded from participating in their regular school programs. They will not be required to participate in specialized programs for pregnant and parenting teens or alternative educational programs. (*EC Section 221.51(d)*; *5 CCR Section 4950(c)*; *34 CFR Section 106.40(b)(1)*).

3. If I choose to participate in an alternative educational program, will I receive the same education program?

- a. Any alternative education program, including independent study, activity, or course that is offered separately to pregnant or parenting students, including any class or extracurricular activity, shall be equal to that offered to other district students. A student's participation in such programs shall be voluntary. (Education Code 221.51; 5 CCR 4950)

4. What kind of treatment can I expect based on my pregnancy status?

- a. EGUSD treats pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery therefrom in the same manner and under the same policies as any other temporary disability. *(EC Section 221.51(e); 5 CCR Section 4950(d); 34 CFR Section 106.40(b)(4))*

5. What accommodations can I expect if I am a student who is lactating?

- a. EGUSD shall provide reasonable accommodations to a lactating student on a school campus to express breast milk, breast-feed an infant child, or address other needs related to breast-feeding. A school shall be required to provide the reasonable accommodations specified only if there is at least one lactating student on the school campus.
- b. Reasonable accommodations include, but are not limited to, the following: *(EC Section 222(a)(e))*
 - i. Access to a private and secure room, other than a restroom, to express breast milk or breast-feed an infant child.
 - ii. Permission to bring onto a school campus a breast pump and any other equipment used to express breast milk.
 - iii. Access to a power source for a breast pump or any other equipment used to express breast milk.
 - iv. Access to a place to store expressed breast milk safely.
- c. A lactating student shall be provided a reasonable amount of time to accommodate her need to express breast milk or breast-feed an infant child.
- d. Only school sites with at least one lactating student shall provide the reasonable accommodations specified above. A school subject to this may use an existing facility to meet the requirements.
- e. A student shall not incur an academic penalty as a result of her use, during the school day, of the reasonable accommodations specified in this section, and shall be provided the opportunity to make up any work missed due to such use.

6. What are my rights for Parental Leave and accommodations upon return to school?

- a. A pregnant or parenting student shall be entitled to eight weeks of parental leave in order to protect the health of the student who gives or expects to give birth and the infant, and to allow the pregnant or parenting student to care for and bond with the infant. Such leave may be taken before the birth of the student's infant if there is a medical necessity and after childbirth during the school year in which the birth takes place, inclusive of any mandatory summer instruction. The Superintendent or designee may grant parental leave beyond eight weeks if deemed medically necessary by the student's physician. *(Education Code 46015; 34 CFR 106.40)*
- b. Following the leave, a pregnant or parenting student may elect to return to the school and the course of study in which the student was enrolled before taking parental leave or to an alternative education option, including independent study, provided by the district.

Upon return to school, a pregnant or parenting student shall have opportunities to make up work missed during the leave, including, but not limited to, makeup work plans and reenrollment in courses. (Education Code 46015)

- c. When necessary to complete high school graduation requirements, the student may remain enrolled in school for a fifth year of instruction, unless the Superintendent or designee makes a finding that the student is reasonably able to complete district graduation requirements in time to graduate by the end of the fourth year of high school. (Education Code 46015)

For more information on EGUSD's Teen Parent Program please contact the Student and Family Empowerment Office (SAFE) and ask to speak with Tami Silvera, Program Specialist or Ophelia Mosqueda, Case Manager.

SAFE Office Contacts:

- Tami Silvera, Program Specialist, Tsilvera@egusd.net
- Phone: (916) 686-7568
- Ophelia Mosqueda, Case Manager, omosqued@egusd.net
- Phone: (916) 681-7577



CALIFORNIA MINOR CONSENT AND CONFIDENTIALITY LAWS*

MINORS OF ANY AGE MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
PREGNANCY	“A minor may consent to medical care related to the prevention or treatment of pregnancy,” except sterilization. (Fam. Code § 6925).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).
CONTRACEPTION	A minor may receive birth control without parental consent. (Fam. Code § 6925).	

ABORTION	A minor may consent to an abortion without parental consent. (Fam. Code § 6925; <i>American Academy of Pediatrics v. Lungren</i> , 16 Cal.4 th 307 (1997)).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (<i>American Academy of Pediatrics v. Lungren</i> , 16 Cal.4 th 307 (1997); Health & Safety Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).
SEXUAL ASSAULT¹ SERVICES ¹ For the purposes of minor consent health care alone, sexual assault includes acts of oral copulation, sodomy, and other crimes of a sexual nature.	“A minor who [may] have been sexually assaulted may consent to medical care related to the diagnosis, treatment and the collection of medical evidence with regard to the ...assault.” (Fam. Code § 6928).	The health care provider must attempt to contact the minor’s parent/guardian and note in the minor’s record the day and time of the attempted contact and whether it was successful. This provision does not apply if the treating professional reasonably believes that the parent/guardian committed the assault. (Fam. Code § 6928).
RAPE² SERVICES FOR MINORS UNDER 12 YRS³ ² Rape is defined in Penal Code § 261. ³ See also “Rape Services for Minors 12 and Over” on page 3 of this chart	A minor under 12 years of age who may have been raped “may consent to medical care related to the diagnosis,...treatment and the collection of medical evidence with regard” to the rape. (Fam. Code § 6928).	Both rape and sexual assault of a minor are considered child abuse under California law and mandated reporters, including health providers, must report it as such. Providers cannot disclose to parents that they have made this report without the adolescent’s authorization. However, adolescent patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made. (See Pen. Code §§ 11165.1, 11165.6, 11166, 11167.)

MINORS OF ANY AGE MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p align="center">EMERGENCY MEDICAL SERVICES*</p> <p><small>*An emergency is “a situation . . . requiring immediate services for alleviation of severe pain or immediate diagnosis of unforeseeable medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death” (Bus. & Prof. § 2397(c)(2)).</small></p>	<p>A provider shall not be liable for performing a procedure on a minor if the provider “reasonably believed that [the] procedure should be undertaken immediately and that there was insufficient time to obtain [parental] informed consent.” (Bus. & Prof. Code § 2397).</p>	<p>The parent or guardian usually has a right to inspect the minor’s records. (Health & Saf. Code §§ 123110(a); Civ. Code § 56.10. <i>But see exception at endnote (EXC.)).</i></p>
<p align="center">SKELETAL X-RAY TO DIAGNOSE CHILD ABUSE OR NEGLECT*</p> <p><small>* The provider does not need the minor’s or parent’s consent to perform a procedure under this section.</small></p>	<p>“A physician and surgeon or dentist or their agents . . . may take skeletal X-rays of the child without the consent of the child’s parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of.” (Penal Code § 11171.2).</p>	<p>Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this law in any court proceeding.</p>
MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p align="center">INFECTIOUS, CONTAGIOUS COMMUNICABLE DISEASES (DIAGNOSIS, TREATMENT)</p>	<p>“A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease . . . is one that is required by law . . . to be reported . . .” (Fam. Code § 6926).</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>
<p align="center">SEXUALLY TRANSMITTED DISEASES (PREVENTIVE CARE, DIAGNOSIS, TREATMENT)</p>	<p>A minor 12 years of age or older who may have come into contact with a sexually transmitted disease may consent to medical care related to the diagnosis or treatment of the disease. A minor who is 12 years of age or older may also consent to medical care related to the prevention of a sexually transmitted disease. (Fam. Code § 6926).</p>	

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p>AIDS/HIV (PREVENTIVE CARE, TESTING, DIAGNOSIS, AND TREATMENT)</p>	<p>A minor 12 and older is competent to give written consent for an HIV test. (Cal. Health and Safety Code § 121020). A minor 12 and older may consent to medical care related to the prevention, diagnosis and treatment of HIV/AIDS. (Fam. Code § 6926). Services currently available include pre- and post-exposure prophylaxis medication to prevent HIV infection (PrEP and PEP).</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>
<p>RAPE SERVICES FOR MINORS 12 and OVER</p>	<p>“A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.” (Fam. Code § 6927).</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p> <p>Rape of a minor is considered child abuse under California law and mandated reporters, including health care providers, must report it as such. Providers cannot disclose to parents that they have made this report without the adolescent’s authorization. However, adolescent patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made. (See Pen. Code §§ 11165.1, 11165.6, 11166, 11167.)</p>
<p>INTIMATE PARTNER VIOLENCE*</p> <p>*For the purposes of minor consent health care alone, “intimate partner violence” means an intentional or reckless infliction of bodily harm that is perpetrated by a person with whom the minor has or has had a sexual, dating, or spousal relationship.” If the minor is seeking services as a result of a rape or sexual assault, minor consent services should be provided under the “sexual assault” or “rape” minor consent laws rather than this law. (Fam. Code § 6930(b)).</p>	<p>“A minor who is 12 years of age or older and who states he or she is injured as a result of intimate partner violence may consent to medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence.” (Fam. Code § 6930).</p>	<p>In most cases, intimate partner violence as defined in this statute will meet the definition of child abuse for reporting purposes and mandated reporters must report it as such. (Pen. Code §§ 11165.6, 11166, 11167.).</p> <p>In those cases, the health care provider is not permitted to disclose information to a parent or legal guardian without the minor’s authorization. The provider can only share that information with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p> <p>In cases where a child abuse report is not required (e.g., where the injury was caused by a "mutual affray between minors"), a report under Penal Code 11160 (injuries caused by firearms or assaultive or abusive conduct) may be mandated.</p>

<p style="text-align: center;">INTIMATE PARTNER VIOLENCE, cont.</p>		<p>If a report under Penal Code 11160 is made, the health provider shall do both of the following:</p> <ol style="list-style-type: none">1) inform the minor that the report will be made, and2) attempt to contact the minor's parent or guardian and inform them of the report. <p>The health practitioner shall note in the minor's treatment record the date and time of the attempt to contact the parent or guardian, and whether the attempt was successful or unsuccessful. This notification requirement does not apply if the health practitioner reasonably believes that the minor's parent or guardian inflicted the gunshot or suspicious injury. (Fam. Code § 6930(c)).</p> <p>Note: When an injury appears as if it could be reported under either child abuse reporting law or Penal Code 11160, the reporter must report it as child abuse rather than under Penal Code 11160. (Pen. Code § 11162.7.) Providers should discuss the application and intersection of these reporting laws with their legal counsel.</p>
--	--	--

Continued on next page

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p style="text-align: center;">OUTPATIENT MENTAL HEALTH SERVICES⁴/ SHELTER SERVICES</p> <p>⁴This section does not authorize a minor to receive inpatient psychiatric care, convulsive therapy, psychosurgery or psychotropic drugs on their own consent.</p>	<p>Two statutes give minors the right to consent to mental health treatment. If a minor meets the criteria under either statute, the minor may consent to his or her own treatment. If the minor meets the criteria under both, the provider may decide which statute to apply. There are differences between them. See endnote ** for more on these differences:</p> <p style="text-align: center;"><u>Family Code § 6924</u></p> <p>“A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis or to residential shelter services, if both of the following requirements are satisfied:</p> <p>(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. AND</p> <p>(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.” (Fam. Code § 6924.)</p> <p style="text-align: center;"><u>Health & Safety Code § 124260</u></p> <p>“[A] minor who is 12 years of age or older may consent to [outpatient] mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.” (Health & Saf. Code § 124260.)</p>	<p style="text-align: center;"><u>MENTAL HEALTH TREATMENT:</u></p> <p>The health care provider is required to involve a parent or guardian in the minor’s treatment unless the health care provider decides that such involvement is inappropriate. This decision and any attempts to contact parents must be documented in the minor’s record. (Fam. Code § 6924; 45 C.F.R. 164.502(g)(3)(ii).) For services provided under Health and Safety Code § 124260, providers must consult with the minor before deciding whether to involve parents. (Health & Saf. Code § 124260(a).)</p> <p>While this exception allows providers to inform and involve parents in treatment when appropriate, it does not give providers a right to disclose medical records to parents without the minor’s authorization. The provider can only share the minor’s medical records with parents with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11, 56.30; Welf. & Inst. Code § 5328. <i>See also endnote^(EXC).</i>)</p> <p style="text-align: center;"><u>SHELTER:</u></p> <p>Although minor may consent to service, the shelter must use its best efforts based on information provided by the minor to notify parent/guardian of the provision of services. (Fam. Code § 6924.)</p>

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p style="text-align: center;">DRUG OR ALCOHOL ABUSE TREATMENT</p> <ul style="list-style-type: none"> • This section does not authorize a minor to receive replacement narcotic abuse treatment without the consent of the minor's parent or guardian. • This section does not grant a minor the right to refuse medical care and counseling for a drug or alcohol related problem when the minor's parent or guardian consents for that treatment. (Fam. Code § 6929(f)). • The terms “drug or alcohol” and “counseling” are defined in Fam. Code § 6929(a)(2). 	<p>“A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem.” (Fam. Code §6929(b)).</p>	<p>There are different confidentiality rules under federal and state law. Providers meeting the criteria listed under ‘federal’ below must follow the federal rule. Providers that don’t meet these criteria follow state law.</p> <p>FEDERAL: Federal confidentiality law applies to any individual, program, or facility that meets the following two criteria:</p> <ol style="list-style-type: none"> 1. The individual, program, or facility is federally assisted. (Federally assisted means authorized, certified, licensed, supported or funded in whole or in part by any department of the federal government. Examples include federal, state or local programs that are: tax exempt; receiving tax-deductible donations; receiving any federal operating funds whether used directly for the substance use disorder program or not; or registered with Medicare)(42 C.F.R. §2.12); <p>AND</p> <ol style="list-style-type: none"> 2. The individual or program is: <ol style="list-style-type: none"> 1) An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or 2) An identified unit within a general medical facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or 3) Medical personnel or other staff in a general medical facility whose primary function is the provision of substance use disorder diagnosis, treatment, or referral for treatment and who are identified as such providers. (42 C.F.R. §2.11; 42 C.F.R. §2.12). <p>For individuals or programs meeting these criteria, federal law prohibits disclosing any information to parents without a minor’s written consent. There is an exception, however, permitting the communication of relevant facts to the parents if the program director determines that a minor applicant for services 1) lacks capacity because of extreme youth or mental or physical condition to make a rational decision whether to consent to a disclosure to the parents AND 2) there is a substantial threat to the life or physical well-being of the minor applicant or another individual, and the disclosure of relevant facts to the parents may reduce that threat. (42 C.F.R. §2.14).</p> <p>STATE RULE: Parallels confidentiality rule for “Outpatient Mental Health Services” provided under Family Code 6924, as described above. (Fam. Code §6929(c).) <i>See also exception at endnote ^(EXC).</i></p>

MINOR 15 YEARS OF AGE OR OLDER	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p style="text-align: center;">GENERAL MEDICAL CARE</p>	<p style="text-align: center;">“A minor may consent to the minor's medical care or dental care if all of the following conditions are satisfied: (1) The minor is 15 years of age or older. (2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence. (3) The minor is managing the minor's own financial affairs, regardless of the source of the minor's income.” (Fam. Code § 6922(a).)</p>	<p>“A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.” (Fam. Code § 6922(c). <i>See also exception at endnote (EXC)</i>).</p>
MINOR MUST BE EMANCIPATED (GENERALLY 14 YEARS OF AGE OR OLDER)	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p style="text-align: center;">GENERAL MEDICAL CARE for EMANCIPATED YOUTH</p>	<p style="text-align: center;">An emancipated minor may consent to medical, dental and psychiatric care. (Fam. Code § 7050(e). <i>See</i> Fam. Code § 7002 for emancipation criteria.)</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>

This chart may be reproduced for **individual use** if accompanied by an acknowledgement.

* There are many confidentiality and consent rules. Different rules apply in different contexts. This chart addresses the rules that apply when minors live with their parents or guardians. It does not address the rules that apply when minors are under court jurisdiction or in other special living situations. Further, the confidentiality section focuses on parent and provider access. It does not address when other people or agencies may have a right to access otherwise confidential information. **This chart provides legal information, not advice. Providers are encouraged to speak to their own legal counsel for advice on application of these laws.**

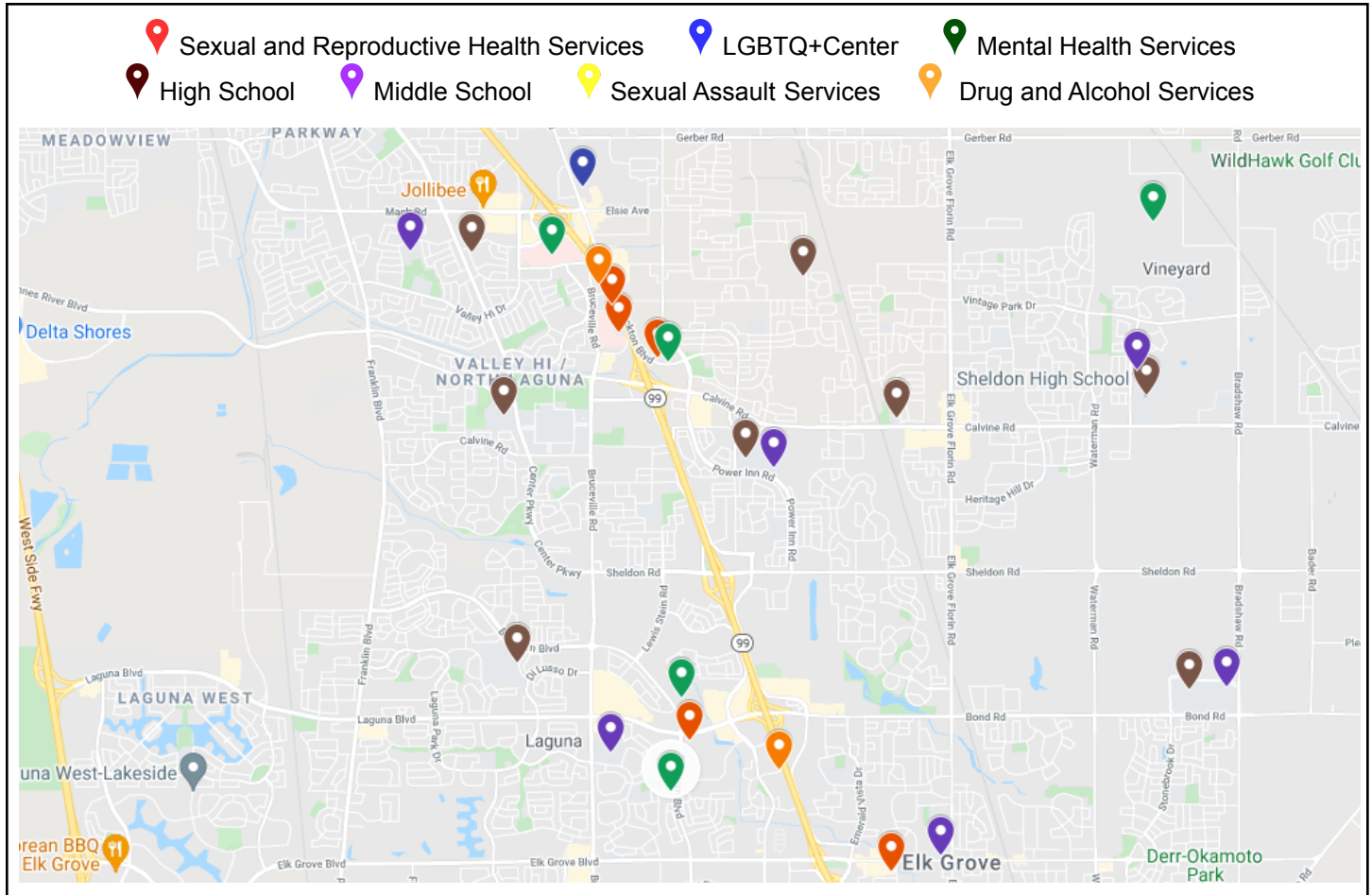
** In addition to having slightly different eligibility criteria, there are other small differences between Health and Safety Code §124260 and Family Code § 6924. For example, the two laws both allow “professional persons” to deliver minor consent services but the two laws define “professional person” differently. Also, there is a funding restriction that applies to Health and Safety Code §124260 but not to Family Code § 6924. (See Fam. Code § 6924, Health & Saf. Code § 124260 and Welf. & Inst. Code § 14029.8 and look for more information on www.teenhealthlaw.org).

EXC: Providers may refuse to provide parents access to a minor’s medical records, where a parent normally has a right to them, if “the health care provider determines that access to the patient records requested by the [parent or guardian] would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being.” Health & Saf. Code § 123115(a)(2). A provider shall not be liable for any good faith decisions concerning access to a minor’s records. *Id.*

Know Your Rights

Did you know you have the right to receive various **CONFIDENTIAL** & **PRIVATE** health services?

Students have a right to receive various confidential health services without consent from your parents. These include medical services such as HIV/STD testing and treatment, pregnancy testing, abortion, and contraceptives; mental health services if you are suffering from a disorder such as anxiety or depression; drug and alcohol treatment; and sexual assault services. Let us show you how to get them.



NAME	ADDRESS	CITY	PHONE	SERVICES OFFERED
WellSpace Community Health Center	8233 E Stockton Blvd D	Sacramento	(916) 737-5555	Sexual & Reproductive Health Services
Sacramento LGBT Community Center	7725 Stockton Blvd Suite O	Sacramento	(916) 442-0185	LGBTQ+ Center
River Oak Center For Children	9412 Big Horn Blvd # 6	Elk Grove	(916) 226-2800	Mental Health Services
WEAVE	1900 K St #200	Sacramento	(916) 448-2321	Sexual Assault Services
Sierra Vista Hospital	8001 Bruceville Rd	Sacramento	(916) 288-0300	Drug & Alcohol and Mental Health Services

Click [here](#) for more locations on an interactive Google Map.

Teen Health Rights

What Can I Consent To?

As a minor, you have the right to: consent to medical care related to the prevention or treatment of pregnancy; receive birth control; access abortion care; access care if you have been raped or sexually assaulted including diagnosis, treatment, and collection of medical evidence; access mental health treatment or counseling on an outpatient basis, or to residential shelter services; access services to diagnose and/or treat infectious, contagious communicable diseases, and sexually transmitted diseases including HIV/AIDS; and access medical care and counseling related to the diagnosis and treatment of a drug or alcohol-related problem.

What Does Confidentiality Mean?

Confidentiality means privacy. It means that you, as a minor, can talk to your health care provider about ANYTHING and they will not tell your parents or guardians what you talk about unless YOU give them YOUR permission. However, some things cannot remain confidential. Your health care provider will need to contact someone else to help if you are being abused either physically and/or sexually and/or if you are going to hurt yourself or someone else.

For more information on your rights as a minor, please visit teenhealthrights.org.

Resources

Medical Resources

- PlannedParenthood.org – Provides information and resources for teens, parents, and educators.
- TeensHealth.org – Provides general health information, including information about diseases and infections, sexual health, the consequences of drug and alcohol use, and mental health.
- TeenSource.org – Provides California teens sexual health information and includes a clinic finder to help teens locate clinics in their area within California.
- Bedsider.org – Provides an online birth control support network.
- FamilyPact.org – Family PACT (Planning, Access, Care, & Treatment) is a California state program that provides free family planning services to low-income residents.

Crisis Support Resources

- ChildHelp.org – This national organization is dedicated to supporting victims of child abuse and neglect. They also run a 24/7 hotline.
- Rainn.org – RAINN is the largest anti-sexual assault organization in the nation and runs the 24/7 National Sexual Assault Hotline.
- LovelsRespect.org – Provides anonymous and confidential communication and resources about dating violence.

LGBT Resources

- ItGetsBetter.org - The It Gets Better Project's mission is to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth around the globe.
- Eqca.org – Equality California is the nation's largest statewide lesbian, gay, bisexual, and transgender civil rights organization dedicated to creating a fair and just society.
- Glsen.org – The Gay, Lesbian, and Straight Education Network works to make K-12 school communities safe and accepting of all members.

24/7 Emergency Hotlines

- California Youth Crisis Hotline – 1-800-843-5200
- Childhelp National Child Abuse Hotline – 1-800-422-4453
- Kristin Brooks Hopeline Suicide Hotline – 1-800-784-2433
- The Trevor Project Suicide Hotline for LGBT Youth – 866-488-7386
- Trans Lifeline – 877-565-8860
- National Domestic Violence Hotline – 1-800-799-7233
- National Sexual Assault Hotline – 1-800-656-4673
- National Dating Abuse Hotline – 1-866-331-9474
- Rape Counseling Service Hotline – 559-222-7273
- National Smoking Quitline – 1-800-784-8669
- National Drug and Alcohol Treatment Referral Routing Service – 1-800-662-4357

Policy 5146: Married/Pregnant/Parenting Students

Status: ADOPTED

Original Adopted Date: 10/29/1984 | **Last Revised Date:** 10/06/2020 | **Last Reviewed Date:** 10/06/2020

The Board of Education recognizes that responsibilities related to marriage, pregnancy, or parenting and related responsibilities may disrupt a student's education and increase the chance of a student dropping out of school. The Board therefore desires to support married, pregnant, and parenting students to continue their education, attain strong academic and parenting skills, and promote the healthy development of their children.

The district shall not exclude or deny any student from any educational program or activity, including any class or extracurricular activity, solely on the basis of the student's pregnancy, childbirth, false pregnancy, termination of pregnancy, or related recovery. In addition, the district shall not adopt any rule concerning a student's actual or potential parental, family, or marital status that treats students differently on the basis of sex. (Education Code 221.51, 230; 5 CCR 4950; 34 CFR 106.40)

The Superintendent or designee shall annually notify parents/guardians at the beginning of the school year of the rights and options available to pregnant and parenting students under the law. In addition, pregnant and parenting students shall be notified of the rights and options available to them under the law through annual school year welcome packets and through independent study packets. (Education Code 222.5, 48980)

For school-related purposes, a student under the age of 18 years who enters into a valid marriage shall have all the rights and privileges of students who are 18 years old, even if the marriage has been dissolved. (Family Code 7002)

Education and Support Services for Pregnant and Parenting Students

Pregnant and parenting students shall retain the right to participate in the regular education program or an alternative education program. The classroom setting shall be the preferred instructional strategy unless an alternative is necessary to meet the needs of the student and/or student's child.

Any alternative education program, activity, or course that is offered separately to pregnant or parenting students, including any class or extracurricular activity, shall be equal to that offered to other district students. A student's participation in such programs shall be voluntary. (Education Code 221.51; 5 CCR 4950)

If required for students with any other temporary disabling condition, the Superintendent or designee may require a student, based on pregnancy, childbirth, false pregnancy, termination of pregnancy, or related recovery, to obtain certification from a physician or nurse practitioner indicating that the student is physically and emotionally able to continue participation in the regular education program or activity. (Education Code 221.51; 5 CCR 4950; 34 CFR 106.40)

To the extent feasible, the district shall provide educational and related support services, either directly or in collaboration with community agencies and organizations, to meet the needs of pregnant and parenting students and their children. Such services may include, but are not limited to:

1. Child care and development services for the children of parenting students on or near school site(s) during the school day and during school-sponsored activities
2. Parenting education and life skills instruction
3. Special school nutrition supplements for pregnant and lactating students pursuant to Education Code 49553, 42 USC 1786, and 7 CFR 246.1-246.28
4. Health care services, including prenatal care
5. Tobacco, alcohol, and/or drug prevention and intervention services
6. Academic and personal counseling
7. Supplemental instruction to assist students in achieving grade-level academic standards and progressing toward graduation

As appropriate, teachers, administrators, and/or other personnel who work with pregnant and parenting students

shall receive related professional development.

Absences

Pregnant or parenting students may be excused for absences for medical appointments and other purposes specified in BP/AR 5113 - Absences and Excuses.

A student shall be excused for absences to care for a sick child for whom the student is the custodial parent. A note from a physician shall not be required for such an absence. (Education Code 48205)

Parental Leave

A pregnant or parenting student shall be entitled to eight weeks of parental leave in order to protect the health of the student who gives or expects to give birth and the infant, and to allow the pregnant or parenting student to care for and bond with the infant. Such leave may be taken before the birth of the student's infant if there is a medical necessity and after childbirth during the school year in which the birth takes place, inclusive of any mandatory summer instruction. The Superintendent or designee may grant parental leave beyond eight weeks if deemed medically necessary by the student's physician. (Education Code 46015; 34 CFR 106.40)

The student, if age 18 years or older, or the student's parent/guardian shall notify the school of the student's intent to take parental leave. No student shall be required to take all or part of the parental leave. (Education Code 46015)

When a student takes parental leave, the attendance supervisor shall ensure that absences from the regular school program are excused until the student is able to return to the regular school program or an alternative education program. A pregnant or parenting student shall not be required to complete academic work or other school requirements during the period of the parental leave. (Education Code 46015)

Following the leave, a pregnant or parenting student may elect to return to the school and the course of study in which the student was enrolled before taking parental leave or to an alternative education option provided by the district. Upon return to school, a pregnant or parenting student shall have opportunities to make up work missed during the leave, including, but not limited to, makeup work plans and reenrollment in courses. (Education Code 46015)

When necessary to complete high school graduation requirements, the student may remain enrolled in school for a fifth year of instruction, unless the Superintendent or designee makes a finding that the student is reasonably able to complete district graduation requirements in time to graduate by the end of the fourth year of high school. (Education Code 46015)

Accommodations

When necessary, the district shall provide accommodations to enable a pregnant or parenting student to access the educational program.

A pregnant student shall have access to any services available to other students with temporary disabilities or medical conditions. (34 CFR 106.40)

The school shall provide reasonable accommodations to any lactating student to express breast milk, breastfeed an infant child, or address other needs related to breastfeeding. A student shall not incur an academic penalty for using any of these reasonable accommodations, and shall be provided the opportunity to make up any work missed due to such use. Reasonable accommodations include, but are not limited to: (Education Code 222)

1. Access to a private and secure room, other than a restroom, to express breast milk or breastfeed an infant child
2. Permission to bring onto a school campus a breast pump and any other equipment used to express breast milk
3. Access to a power source for a breast pump or any other equipment used to express breast milk
4. Access to a place to store expressed breast milk safely
5. A reasonable amount of time to accommodate the student's need to express breast milk or breastfeed an infant child

Complaints

Any complaint alleging discrimination on the basis of pregnancy or marital or parental status, district noncompliance with the requirements of Education Code 46015, or district noncompliance with the requirement to provide reasonable accommodations for lactating students shall be addressed through the district's uniform complaint procedures in accordance with 5 CCR 4600- 4670 and BP/AR 1312.3 - Uniform Complaint Procedures. A complainant who is not satisfied with the district's decision may appeal the decision to the California Department of Education (CDE). If the district or CDE finds merit in an appeal, the district shall provide a remedy to the affected student. (Education Code 222, 46015; 5 CCR 4600- 4670)

Program Evaluation

The Superintendent or designee shall periodically report to the Board regarding the effectiveness of district strategies to support married, pregnant, and parenting students, which may include data on student participation in district programs and services, academic achievement, school attendance, graduation rate, and/or student feedback on district programs and services.
