



Dear Families:

Welcome to the Suzy Fisher Early Childhood Academy for the 2018-2019 school year. We are so happy you have chosen our school for your child's Early Childhood Education. We are so excited for the journey ahead.

As we prepare for the upcoming school year, please complete and submit the attached paperwork in person to our Early Childhood Office or via email to [psalabi@btbrc.org](mailto:psalabi@btbrc.org) no later than **August 21, 2018**.

The entire "Back to School Packet" must be submitted together along with a parent signature and staff signature approving the packet submission.

***Your child will not be permitted to start the school year without all the required paperwork.***

Please do not hesitate to contact me by email [psalabi@btbrc.org](mailto:psalabi@btbrc.org) if you have any questions.

B'Shalom,

Anne Mandelbaum, M. Ed.  
Director

Pamela Salabi  
Records Secretary



## Submitting a Complete “Back to School Packet”

The Suzy Fischer Early Childhood Academy, the Florida Department of Health, and the Department of Children and Families require the documents listed below. They must be submitted to the Suzy Fischer School Office by August 21, 2018.

- Office Information Form
- DCF Signature Page
- Acknowledgement Card
- Parking Decal Form
- Emergency Health Form (pgs. 1 & 2)
  - Health Insurance Policy information must be included or a Photo Copy of the Health Insurance Card (page 2).
- Medical Authorization for OTC Medication Form (pgs. 3 & 4)
  - Page 3 is OPTIONAL, Doctor’s signature required
  - Page 4 MUST have a signed treatment order to start school whether or not you are planning to use medications during the school day. If you do not want your child medicated by the Nurse at school please indicate this on the form.
- Authorization for Administration of Prescription Medication \*OPTIONAL, Doctor’s signature required\*
- Food Allergy Action Plan \*OPTIONAL, Doctor’s signature required\*
- Influenza Virus Form
- Immunization Form (DH680) – this form is supplied by your physician or health care provider. This form must show all current immunizations.
- Health Examination Form (DH3040) - this form is supplied by your physician or health care provider.
- Copy of birth certificate (new students only)

Student Name: \_\_\_\_\_

Parent Name and Signature: \_\_\_\_\_

Staff Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SUZY FISCHER EARLY CHILDHOOD ACADEMY**

**OFFICE INFORMATION FORM**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex M \_\_\_\_\_  
F \_\_\_\_\_

Mother or Guardian's Full Name: \_\_\_\_\_ Father or Guardian's Full Name: \_\_\_\_\_

Address of Child: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mom or Guardian's Work # ( \_\_\_\_\_ ) \_\_\_\_\_

Dad or Guardian's Work # ( \_\_\_\_\_ ) \_\_\_\_\_

Mom or Guardian's Cellular # ( \_\_\_\_\_ ) \_\_\_\_\_

Dad or Guardian's Cellular # ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Who May Pick Up My Child at School:

**NAME**

**PHONE NUMBER**

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons **Not Permitted** To Pick Up:

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Other Persons To Be Notified In Case of Illness or Accident:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

May Beth Torah Adath Yeshurun contact another physician if unable to contact yours?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian(s) Signature

\_\_\_\_\_  
Date

## Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).  
License Number: CLIMD1134  
License Issued on 4/30/2018  
License Expires on 4/29/2019  
For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFPI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S..



# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## General Requirements

- Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:
  - Valid license posted for parents to see.
  - All staff appropriately screened.
  - Maintain appropriate transportation vehicles (if transportation is provided).
  - Provide parents with written disciplinary practices used by the facility.
  - Provide access to the facility during normal hours of operation.
  - Maintain minimum staff-to-child ratios:

| Age of Child      | Child:Teacher Ratio |
|-------------------|---------------------|
| Infant            | 4:1                 |
| 1 year old        | 6:1                 |
| 2 year old        | 11:1                |
| 3 year old        | 15:1                |
| 4 year old        | 20:1                |
| 5 year old and up | 25:1                |

### Health Related Requirements

- Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

### Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

### Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

- Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

### Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

### Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.





**Suzy Fischer Early Childhood Academy  
Department of Children and Families**

Child's Name: \_\_\_\_\_

Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1).. require a current physical examination (DH 3040) and immunization record (DH680 or DH681) within 30 days of enrollment.

Section 402.3125 (5), F.F., requires that parents receive a copy of Child Care Facility Brochure, "KNOW YOUR CHILDCARE FACILITY"

2009 Law requires parents to receive a copy of "Influenza Virus, the Flu, A Guide to Parents".

Section 65C-22.006 (4) (c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below you verify that you have received the above items and that all information on this information form is complete and accurate.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



Beth Torah  
Benny Rok Campus

**EARLY CHILDHOOD ACADEMY  
ACKNOWLEDGEMENT CARD  
2018-2019**

*PLEASE PRINT LEGIBLY  
SIGN AND RETURN TO THE SCHOOL OFFICE*

| Child(ren) Name(s) | Teacher /Program |
|--------------------|------------------|
|                    |                  |
|                    |                  |
|                    |                  |
|                    |                  |

We have received, read and accept the following:

**SUZY FISCHER EARLY CHILDHOOD ACADEMY PARENT HANDBOOK 2018-2019** - We agree to follow and abide by all rules, requirements and procedures.

**PERMISSION TO ALLOW E-MAIL CONTACT**

You may contact me via e-mail for periodic updates, news, and information.

E-MAIL ADDRESS(ES) \_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency and where it is deemed necessary to evacuate the building, I give permission for SUZY FISCHER EARLY CHILDHOOD ACADEMY to transport my child to another location. I release SUZY FISCHER EARLY CHILDHOOD ACADEMY and Beth Torah from any and all liability relating to such transport.**

**FIELD TRIP PERMISSION** (Jr. Kindergarten only)

Allow my child \_\_\_\_\_ to go on all field trips. I understand that I will be notified in advance of each trip. I understand that the insurance coverage provided by Beth Torah Benny Rok Campus is a supplemental policy and that my own health insurance is primary.

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I have read all of the above and I am providing consent by checking the appropriate boxes above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

First and Last



Last Name: \_\_\_\_\_

## 2018-2019 PARKING DECALS

All parents or guardians who park on our campus are required to affix a parking decal to the lower corner of the driver's front window of **ALL** vehicles that will be parked in our lot.

This decal will identify vehicles belonging to our current BTBRC family, enabling our security personnel to expedite the entry process to our campus.

Please fill out the registration form below to obtain your parking decal(s). This form must be completed with **ALL** information before decals can be issued.

Decals are required for **every** vehicle that is regularly parked at our campus.

Thank you for your cooperation.  
*House/Security Committee*

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Beth Torah  
Benny Rok Campus  
**2018-2019 PARKING PERMIT REGISTRATION**  
Please be sure to list all cars entering our property.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

[ ] Member [ ] Non-Member [ ] Staff [ ] Other (Explain) \_\_\_\_\_

| Vehicle | Make | Model | Year | Color | Plate # | Primary Driver |
|---------|------|-------|------|-------|---------|----------------|
| 1       |      |       |      |       |         |                |
| 2       |      |       |      |       |         |                |
| 3       |      |       |      |       |         |                |
| 4       |      |       |      |       |         |                |
| 5       |      |       |      |       |         |                |

|                             |   |   |   |   |
|-----------------------------|---|---|---|---|
| <i>For Office Use Only:</i> |   |   |   |   |
|                             |   |   |   |   |
| 1                           | 2 | 3 | 4 | 5 |

RETURN THIS FORM TO THE ECA OFFICE.





**EMERGENCY HEALTH FORM 2018 - 2019**  
**(Personal and Confidential for Health Office only - PLEASE PRINT)**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F  
First and Last Name

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents)**

**Primary Emergency Contact**

**Secondary Emergency Contact**

|                     |                     |
|---------------------|---------------------|
| Name: _____         | Name: _____         |
| Home Phone #: _____ | Home Phone #: _____ |
| Cell Phone #: _____ | Cell Phone #: _____ |
| Work Phone #: _____ | Work Phone #: _____ |

**MEDICAL INFORMATION**

1. Allergy(ies): \_\_\_\_\_
2. Daily Medication(s) – please list all medications even if not given in school: \_\_\_\_\_  
 \_\_\_\_\_
3. Describe medical conditions for which your child receives treatment (anemia, asthma, diabetes, headaches, orthopedic, epilepsy, digestive, cardiac, allergies, etc.): \_\_\_\_\_  
 \_\_\_\_\_
4. Does your child have any restrictions on his/her activities? \_\_\_ Yes \_\_\_ No  
 If yes, please explain: \_\_\_\_\_
5. Does your child have any health needs which require nursing during school hours? \_\_\_ Yes \_\_\_ No  
 \*If yes, please specify: \_\_\_\_\_  
 \* Please contact the school nurse if the answer is yes to set up a health care plan.
6. List any additional information that you would like the school/nurse to know about your child: \_\_\_\_\_  
 \_\_\_\_\_



## EMERGENCY HEALTH FORM 2018 – 2019

The health services at the Suzy Fischer Early Childhood Academy are designed to provide immediate first aid, administer medication, and provide short-term care to students (until a parent or designated Emergency Contact can pick up the student). A diagnosis cannot be made, nor are there facilities for extended periods of bed rest. Parents need to pick up their children within one hour of being called by the nurse. We ask for your cooperation by keeping your child home if there is any question of illness.

Primary Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital/Clinic Preference \_\_\_\_\_ Phone #: \_\_\_\_\_

*In case of an emergency, do you authorize the use of the nearest hospital, other than the one listed above?*

YES       NO

**\*\*In the case of an emergency during field trips, the nearest hospital will be used.**

I, the undersigned, hereby consent to and authorize the nearest hospital or health clinic and its physicians in charge of my child's care, to perform emergency treatments or diagnostic procedures including all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Ins. Telephone #: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICAL AUTHORIZATION FOR OTC MEDICATION 2018-2019**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
First and Last

Allergies: \_\_\_\_\_ Student's Height: \_\_\_\_\_ Student's Weight: \_\_\_\_\_ Kg/ \_\_\_\_\_ Lb

**TO BE COMPLETED BY LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE**

**PRACTITIONER:** This student may have the following Over the Counter (OTC) medications if needed during school hours. **All doses are per label instructions and stocked in the Health Office** (except for diaper creams).

| MEDICATION                      | ROUTE   | FREQUENCY   | PERMISSION (MD) |
|---------------------------------|---------|-------------|-----------------|
| A&D Ointment/Vaseline           | Topical | p.r.n.      | Yes____ No____  |
| Acetaminophen – Child/Infant    | p.o.    | q4 p.r.n.   | Yes____ No____  |
| Anbesol (over 2 years old)      | Topical | p.r.n.      | Yes____ No____  |
| Anti-itch Cream/Gel/spray       | Topical | p.r.n.      | Yes____ No____  |
| Antibiotic Ointment (Neosporin) | Topical | p.r.n.      | Yes____ No____  |
| Arnicare                        | Topical | p.r.n.      | Yes____ No____  |
| Benadryl – Child                | p.o.    | q4-6 p.r.n. | Yes____ No____  |
| Diaper Creams                   | Topical | p.r.n.      | Yes____ No____  |
| Hydrocortisone Cream            | Topical | p.r.n.      | Yes____ No____  |
| Ibuprofen – Child/ Infant       | p.o.    | q6 p.r.n.   | Yes____ No____  |
| Normal Saline Eye Wash          | Optical | p.r.n.      | Yes____ No____  |
| Pepto Bismol – Child            | p.o.    | p.r.n.      | Yes____ No____  |
| Solarcaine                      | Topical | p.r.n.      | Yes____ No____  |
| Suntan Lotion                   | Topical | p.r.n.      | Yes____ No____  |
| Tums – Child                    | p.o.    | p.r.n.      | Yes____ No____  |

**Prescription Medication or OTC medication not listed on this form to be given at school:**

| MEDICATION | DOSAGE | FREQUENCY | SIDE EFFECTS |
|------------|--------|-----------|--------------|
|            |        |           |              |
|            |        |           |              |

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
 List health care procedures the student may independently monitor (inhalers, insulin, epi pens) \_\_\_\_\_

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| _____<br>Physician's Name (Printed) | _____<br>Physician's Address          |
| _____<br>Physician's Signature      | _____<br>City/State/Zip Code          |
| _____<br>Date Completed             | _____<br>Physician's Telephone Number |



**PARENT/GUARDIAN PERMISSION FOR TREATMENT and/or MEDICATION 2018 - 2019**

During the school day, medication is to be dispensed only by the Health Office nurse or her designee. For a prescribed medication to be dispensed, medication must be supplied by the parents in the original container, with the pharmacy label, only with a physician prescription, and an Authorization For Administration of Prescription Medication must be completed, signed and on file in the Health Office. **NO MEDICATION (OTC or Prescription) WILL BE DISPENSED WITHOUT A PRESCRIPTION FROM A PHYSICIAN (on a Suzy Fischer Form).** If a child uses insulin, an asthmatic inhaler, or needs an epi pen and wants to carry this medication with him or her, a physician order with instructions for use and parameters must be on file in the Health Office.

I hereby authorize the Suzy Fischer Early Childhood Academy, through its designated authority (school nurse/head of school or her designee), to assist or perform the administration of each medication or treatment/procedure to or for my child during the school day including when he/she is away from school property for official school events (day field trips). This includes over-the-counter medications and prescription medications or treatments to my child according to the instructions given by a physician. Although medical information about your child will be kept confidential, I understand that the information concerning my child's medical condition will be provided to all applicable school personnel and administrators to facilitate awareness and proper medical care throughout the day. I release Suzy Fischer Early Childhood Academy and any employee from any liability for administering medication or treatment.

NOTE:

- **Prescription medications must be supplied in the original pharmacy labeled container. Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.**
- **The school nurse and/or her designee may administer only medications and/or treatments authorized by a physician. No medication will be given without a physician order on the Authorization for Administration of Prescription Medication form.**
- **It is your responsibility to notify the school when there is a change in medication or treatment regimen.**
- **Over the counter medication will only be given with a signed Medical Authorization for Over the Counter Form by a licensed physician**

I understand that if my child requires antibiotics, I will be responsible to administer them at home. If a dose must be given during school hours, the child's pediatrician must complete an **Authorization for Administration of Prescription Medication** form which can be found on the school website at [www.btbrc.org/eca](http://www.btbrc.org/eca)

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Parent/Guardian Name (Printed)

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Parent/Guardian Signature

---

Student Name

---

Date Signed



**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION**  
(For use only if student needs a prescription medication during the school day 2018-2019)

**Instructions:** Each of the three sections must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the School Health Office.  
**Suzy Fischer ECA Fax #: 305-935-5331**

**I. STUDENT INFORMATION (To Be Completed By Parent/Guardian)**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**II. ACTION PLAN (To Be Completed By Physician). Please complete all spaces.**

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Start Date of Medication: \_\_\_\_\_ Stop Date of Medication: \_\_\_\_\_ Continue Entire School Year: \_\_\_\_\_

Medication: \_\_\_\_\_ Generic Name (If Used): \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time To Be Administered At School: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Student Capable and Responsible to Self Medicate:  No  Yes - Supervised  Yes - Unsupervised  
(Insulin, Inhaler or Epi pen only)

Purpose of Medication: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

**III. PARENTAL PERMISSION (to be completed by parent or guardian)**

Permission is hereby granted to the School Nurse or designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of Suzy Fischer Early Childhood Academy, its personnel, or agents for civil damages as a result of the administration of this medication to my child; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container (please ask pharmacy for separate labeled bottle for school); (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and Suzy Fischer Early Childhood Academy health personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.



### **What is the influenza (flu) virus?**

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



### **How can I tell if my child has a cold, or the flu?**

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*



**INFLUENZA VIRUS**

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



### **What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

#### **CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



### **How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

### **What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



### **When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**