

Alachua County Teenage Parenting Program



Student Services Division Health Policies Acknowledgment

Participants of the Alachua County Teenage Parenting Program are asked to abide by the following health guidelines.

- **Fever:** Please do not bring your child to school if he/she has a temperature of 101° (F) or higher. Children with a temperature will be isolated and you will be asked to pick your child up. Any infant younger than 2 months of age with fever should get immediate medical attention. As per school board policy, the child is not to return to child care until fever free for 24 hours without medication.
- **Communicable Disease:** If your child is suspected of having a communicable disease, with symptoms as listed below, they will be isolated from other students and you will be called for pick up. Your child can return when free of symptoms and/or cleared by a doctor.
 - ❖ Severe coughing, causing a child to become red or blue in the face or to make a whooping sound;
 - ❖ Difficulty Breathing, Rapid Breathing
 - ❖ Stiff Neck /Pain When Neck Moved
 - ❖ Diarrhea (more than one abnormally loose stool within a 24-hour period)
 - ❖ Temperature of 101°F or higher in conjunction with any other signs of illness
 - ❖ Pink Eye
 - ❖ Exposed, Open Skin Lesion
 - ❖ Unusual Dark Urine or Grey/White Stool
 - ❖ Yellow Skin or Eyes
 - ❖ Any Other Unusual Signs of Illness.
- **Diarrhea:** Diarrhea is defined as more than one abnormally loose stool within a 24-hour period. Children with diarrhea should be kept home until the signs and symptoms of disease are no longer present or they have medical authorization to return.
- **Medication:** Prescription and non-prescription medication brought to the child care facility by the parent/guardian must be in the original container. Prescription medication must have a label stating the name and contact information of the physician, child's name, name of the medication, and medication directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. The child care program must have written authorization from the custodial parent/legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the parent/guardian and contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given.
- **Immunizations:** Florida Law (F.S. 232.032) requires children entering school to be immunized against numerous communicable diseases. Children will NOT be enrolled in school without documented proof of these immunizations. Acceptable forms include the HRS 680, or a signed doctor's record of immunizations and dates. Immunizations may be obtained at a private physician's office or the Alachua County Public Health Department, where immunizations are given free of charge. If for religious or medical reasons, the child is exempt from getting these required immunizations, a Certificate of Exemption must be given to school authorities. These can be obtained for qualified children from a doctor or the Alachua County Public Health Department.

- **Physicals:** Florida Law (F.S.232.0315) requires that first-time entrants into public schools, including preschoolers, must have a physical examination within twelve (12) months prior to enrollment. If a student has ever been in a Florida school, public or private, and a physical is on file, a new physical is not required. All students are allowed 30 days for records to be obtained.
- **Infant Sleeping Position:** When napping or sleeping, young infants who are not able to roll over must be positioned on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome, unless an alternate position is authorized by a physician. Written documentation from a physician of this authorization must be on file at the facility. Documentation must include the child's name, child's date of birth, description of sleep position required, description of any equipment needed, and length of time authorization is valid.

I acknowledge that I have read the above policies on health and agree to abide by these policies.

Parent (Print): _____

Parent Signature: _____ Date: _____

Child Name (Print): _____ Date of Birth: _____