



# Creative Child Learning Center AT SOUTHWOOD

The Smart Choice For Preschool

SouthWood – Tallahassee: 4390 Grove Park Drive, Tallahassee, FL 32311 ▪ (850) 513-1121 ▪ FAX: (850) 513-1122

## Health & Safety

Every child registered at Creative Child Learning Center is required to have a copy of his/her State of Florida HRS Student Health Examination Form and Immunization Record on file. It is the parents' responsibility to keep it updated.

Please keep your child home if:

- Running a fever - 100°F or above
- Has any discharge from the nose, eyes or ears.
- Has symptoms of possible communicable disease
- Generally not feeling like him/herself

According to the Florida Administrative Code 64D-3, parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school.

While at school, if the child becomes ill with one of the following:

- fever 100°F or above
- 2 diarrheas within the day
- rash
- vomiting
- suspected pink eye
- lice
- discharge from the nose, eyes, or ears — or any other sign or symptom of illness

he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

**Children MUST be symptom free for 24 hrs. before returning to school.**

Medications may be administered at the school for the length of time indicated by the physician. Bottles must be labeled with the child's name and dosage. The medication permission form must be fully completed and signed in the office prior to the medication being dispensed. There will be NO exceptions.

Our medication policy is as follows:

- Medications will be given one time during the day — 1:00 PM
- Prescription medicines must be in original containers with child's name and dosage on the label
- Non-prescription medicines must be accompanied by a doctor's note along with the correct dosage

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Signature of Parent(s) or Guardian(s)

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Date

