



Dear Parents,

In preparation for the 2019 - 2020 school year, the following medical information is provided: Immunization and Health Requirements for 2019 - 2020.

Please review all materials carefully and submit required information no later than August 1st, 2019. All Annual documents MUST be submitted, before your child can attend SURGE Christian Academy this upcoming school year.

PLEASE NOTE: Forms and information required by the Health Offices **differ** from those required by the Athletic Department. All forms pertaining to athletics should be submitted to the Athletic Department where those forms are maintained. The FHSAA EL02: Pre-Participation Physical Evaluation Form may be provided in lieu (in place of) the Florida Form DH680 which is preferred.

The following forms/and or information **MUST** be submitted to the **Health Offices** for the 2019/2020 school year:

- **ANNUAL Certificate of Immunization:** (Florida Form DH680).
 - ✓ An Annual Certificate of Immunization is:
REQUIRED OF ALL ENROLLED STUDENTS.

- **ANNUAL School Entry Health Examination:** (Florida Form DH3040 is preferred).
 - ✓ An Annual School Entry Health Examination documenting the results of a physical examination given within the last 12 months is:
REQUIRED OF ALL ENROLLED STUDENTS.

- **ANNUAL Authorization for Medication**
 - ✓ An Annual Authorization for Medication Form needs to be submitted by the parents/guardians of any student who will require medication during the school day. This information only needs to be submitted for those students who will or may require medication during the school day or need medication to be kept at school. For your convenience, a form is attached.

- **ANNUAL Student Emergency Contact & Health Care Information**
 - ✓ An Annual Student Emergency Contact Information Form needs to be submitted by the parents/guardians of any student who will be attending this upcoming school year. It is important that SURGE Christian Academy administration and instructors know who to contact in the event of a medical emergency. Please provide clear, complete, and up-dated information. For your convenience, a form is attached.

Thank you for your assistance. Should you have **any questions**, please feel free to call or email:

SURGE Christian Academy

21810 US Highway 19 N

Clearwater FL., 33765

Tel: (727) 223 -4524

Email: surgechristianacademy@gmail.com

IMPORTANT: FLORIDA LAW (Title XLVIII - Section 1003.22 - Paragraph 4) MANDATES THAT PRIOR TO ATTENDANCE EACH CHILD HAVE ON FILE THE FORMS REQUIRED BY THE DEPARTMENT OF HEALTH. THEREFORE, FOR THE SAFETY OF ALL CHILDREN, IF THE FORMS ARE NOT RETURNED BY THE FIRST DAY OF SCHOOL YOUR CHILD WILL BE SENT HOME AND WILL NOT BE PERMITTED TO RETURN TO SCHOOL UNTIL ALL MANDATED DOCUMENTS ARE RECEIVED.

2018 - 2019 Immunization Guidelines and Health Requirements

Annual Certificate of Immunization (State of Florida Form DH680):

- In compliance with Florida law, each **ENROLLED STUDENT** must submit proof of immunization on the State of Florida Certificate of Immunization, form DH680.
- A new immunization form DH680 for **RETURNING STUDENTS** is needed **ONLY** if your child has a newly recorded immunization - All grades except 7th grade.
- In compliance with Florida law, **ALL INCOMING SEVENTH GRADERS MUST** submit a State of Florida Certificate of Immunization, form DH680, documenting the required Tdap booster.
- Children entering, attending, or transferring to Grades Pre-K, Grades 10 through 12 in Florida schools are required to have **one (1)** dose of Varicella vaccine. Children entering Kindergarten through Grade 9 will be required to have **two (2)** doses of Varicella vaccine. Varicella vaccine is ***not*** required if the child has a history of Varicella (chickenpox). The physician must document the date of the disease on the immunization form along with a signature.
- Students who are transferring to Florida schools from other states, or who are transferring to schools between Florida counties, shall be allowed up to a maximum of 30 days from the first day of school to submit proof of immunization. Proof of immunization **MUST be on State of Florida Certificate of Immunization Form DH680.**
- There is no exemption from immunization in Florida for personal or philosophical reasons. Requests for religious exemption must be submitted on a Department of Health Religious Exemption Form DH681, which will satisfy this requirement. **ONLY County Health Departments issue Form DH681.**

Annual School Entry Health Examination (State of Florida form DH3040 is preferred):

- Florida law requires that each **ENROLLED STUDENT** has a physical examination completed at least twelve months prior to entering school. Proof of examination is to be issued on form DH3040, which is to be submitted upon enrollment for the upcoming school year.
- Students who are transferring to Florida schools from other states, or who are transferring to different schools between Florida counties shall be allowed up to a maximum of 30 days from the first day of school to submit proof of physical examination. It is preferred that proof of physical examination be on the State of Florida Form DH3040 however, forms from other states documenting a physical examination are acceptable. **The physical examination must be performed by an individual licensed to practice medicine in the United States.**

Student Emergency Contact and Health Care Information

Each year, each **ENROLLED STUDENT** must have current student emergency contact and health care information form completed.

- Remember to be clear about allergies.
 - ✓ Explain how your child reacts as well as how this reaction is managed.
 - ✓ Be specific with food allergies and stings/bites.
 - ✓ If your child requires an Epipen, please have one available the first day of school. The Epipen must be in the pharmacy box with all pertinent information noted. Place it in a Ziploc bag with the child's name and grade visible.
 - ✓ Middle and High School students, who need to carry an Epipen and or an inhaler, are to follow the procedure as stated in the Student Parent Handbook, in the section **Authorization for Medications**.
- All medications must be brought directly to the Administrative Office by a parent or guardian.
- **Proof of Health Insurance:** Proof of health insurance must be noted on the form. Please list the name of the health insurance carrier, the student's member ID number, and the health insurance carrier's phone number. ***IF YOUR CHILD DOES NOT HAVE HEALTH INSURANCE, PLEASE NOTE IT HERE.***

Authorization for Medication(s)

- Students requiring **prescription** medication during school **MUST** have the *Authorization for Medication Form* completed and signed by the **parent**. Medication(s) must be in a pharmacy container with proper labeling. **PHARMACY CONTAINERS THAT STATE "TAKE AS DIRECTED" ARE NOT ACCEPTABLE.**
- Students requiring **over-the-counter** medication(s) during school **MUST** have the *Authorization for Medication Form* completed and signed by the **parent**. Medication(s) **MUST** be brought to school in its original packaging.
- Under **NO** circumstances may a student carry or self-administer any type of medication(s). Students will be permitted to carry an Epipen or an inhaler, if the Authorization for Medication form is completed, signed by the parent, and states the student be permitted to carry and/or self-administer medication(s) if required.
- **Middle and High School students, who may require the use of an Epipen or an inhaler,** will be permitted to carry it in their backpack. The medication must be in pharmacy packaging with all directions for usage clearly stated. Medication packaging that states "Take as directed" is not acceptable. A completed Authorization for Medication Form, signed by the parent, giving the student permission to carry and administered the medication, if required, will be kept on file in the Administrative Office. Students diagnosed with Type1 or Type2 Diabetes will be evaluated individually and will be permitted to carry their medication and supplies with them.
- All other medications **MUST** be kept in the Administrative Office.



Authorization for Medication Form

Name of Student: _____ Grade _____ Date: ____ / ____ / ____

Diagnosis:

Medication & Dosage Prescribed:

Physician: _____ Phone Number: _____

Time and directions for administration by school personnel:

SIDE EFFECTS/SPECIAL INSTRUCTIONS:

PARENTAL PERMISSION: (MUST be completed and signed by Parent/Guardian)

I grant the principal or his/her designee permission to assist in the administration of each medication to be provided during the school day, including when _____ is away from school property on official school business.

Student's Name

Signature of Parent/Guardian

Date