

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

August 30, 2016

Dear Principal,

Florida Statute 381.0056 mandates that notification be made to local non-public schools regarding the School Health Services Program in the County. This letter serves as notification of the School Health Service Program and the opportunity to participate and for representatives of the local nonpublic schools to participate in the development of the School Health Services Plan.

If you choose to voluntarily participate in the School Health Services Program or if you currently have a school nurse and choose to participate, please contact the School Health Program at 786-845-0275. *Please be aware that you will be responsible for program implementation, including personnel, materials and training.* In establishing this program, you must abide by F.S. 381.0056:

- Cooperate with the County Department of Health and District School Board with the development of School Health Service Plan
- Make available adequate physical facilities for health services
- Provide in-service health training to school personnel
- Cooperate with public health personnel in the implementation of the school health services plan
- Be subject to health service program reviews by the Department of Health and Department of Education
- At the beginning of each school year, inform parents or guardian in writing that their children who are students in the school will receive specified health services as provided for in the district health services plan

To determine needs, please complete the following questions below and submit to the Florida Department of Health in Miami-Dade County (DOH-MD) School Health Program. Information can be emailed to Almira.Thomas-Gayle@flhealth.gov or faxed to **786-845-0219** to the attention of Almira Thomas-Gayle, RN:

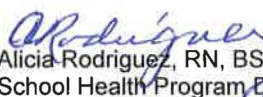
Name of School _____
Principal/Designee _____
Address _____
Telephone# / Fax _____

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I choose to participate in the School Health Services Program. |
| <input type="checkbox"/> | <input type="checkbox"/> | Our school employs a registered nurse. |

As you are probably aware, the resources for School Health Services in Miami-Dade County and in Florida are limited. If you decide not to participate, we are still available to provide technical assistance. For further information, please contact the School Health Program at 786-845-0275.

We look forward to hearing from you.

Sincerely,


Alicia Rodriguez, RN, BSN, NCSN
School Health Program Director