

26th June 2009

Dear parents,

**JULIA GABRIEL CENTRE FOR LEARNING
UPDATE ON INFLUENZA A (H1N1)**

Our centres will reopen for Term 3 on Monday 29th June 2009. We are taking every precaution to ensure the centres remain healthy environments for students, parents and staff.

What steps we are taking:

- Contacting all parents to explain the steps necessary if your family has recently returned from an affected country. Currently these countries are: USA, Mexico, Canada, Chile, Australia, UK, Argentina, Japan, Spain Thailand, Panama, Philippines, Dominican Republic, Hong Kong and Indonesia.
- Temperature screening will be done at each centre for all children and adults.
- All visitors will be expected to fill in the Travel and Health declarations at the entrance.
- Learning packs will be provided to any child who is unable to attend because of a Leave of Absence order (due to travel to an affected country) or a home quarantine order.

What steps we ask you to take:

- Please fill in the Travel and Health Declaration Form for Children and Parents (attached) and return to the centre either by fax or email. At the latest this can be handed in to the teacher at the beginning of your child's class.
FORUM: FAX – 67332334, EMAIL – enquiries@juliagabriel.com
EVANS RD: FAX – 67372136, EMAIL – enquiries@juliagabriel.com
- Please inform the school if there is any change to your health or travel status.
- Please do not send your child or any accompanying adult into the centre if they are displaying any flu-like symptoms.
- Please keep abreast of any changes to this situation by monitoring the news through our website www.juliagabriel.com and the government websites, www.moh.gov.sg, or www.flu.gov.sg for updates.
- Practice good personal hygiene and wash hands upon entering the centres.

What to expect:

- At our Forum centre there will be a reception table at the bottom of the escalator to collect Travel and Health Declarations Forms.
- To be asked to take your child home if they are displaying flu-like symptoms or appears to be unwell. The same will go for any adult who appears unwell.

We thank you for your understanding and cooperation. Hand in hand we can we ensure you and your child continue to enjoy our programmes with as little disruption as possible.

Best Regards
Fiona Walker
Principal Director
Julia Gabriel Centre for Learning and Chiltern House

Dear Parents,

Please fill in the attached **Travel & Health Declaration Form for Children and Parents** and return it to your child's teacher at the centre as soon as possible.

Please note that:

- Any child, parent or staff member who has traveled to an affected country cannot return to the centre for 7 days upon return. An affected country is defined as any country which has at least one confirmed case of Influenza A (H1N1).
- If a child, parent or staff member shares a home with anyone who has been served a home quarantine order they cannot return to the centre until the expiry of the home quarantine order.

We would like to reiterate the request that you do not send your child or accompanying caregiver in to school if he or she is unwell or exhibits flu-like symptoms.

Thank you,

Fiona Walker
Principal Director

TRAVEL & HEALTH DECLARATION FORM FOR CHILDREN AND PARENTS
(To Be Completed By Parents)

CHILD PARTICULARS

| | | | |
|------------------------------------|------------------|--------------------|-------------------|
| Name as in BC: | BC NO: | | |
| Centre Name (State Branch): | Home Tel: | Office Tel: | Handphone: |
| Class : | | | |
| Day : | Time: | Teacher: | |

PLEASE TICK ACCORDINGLY:

| <p>1 Does your child have any of the following symptoms?</p> <ul style="list-style-type: none"> • Sudden onset of fever equal to or above 38⁰C • Cough • Malaise • Chills • Headaches • Myalgia <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>YES*</th> <th>NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>* If the answer is 'YES', your child can return to the Centre when certified fit by a medical practitioner.</p> | YES* | NO | | | | | | | | | | | | | <p>2 Is your child, any of your family members, or other living in the same house under home quarantine?</p> <p align="right">YES* <input type="checkbox"/></p> <p align="right">NO <input type="checkbox"/></p> <p>*If the answer is "YES", your child can return to the Centre only upon expiry of the home quarantine order and if he/she does not develop any symptom of influenza.</p> |
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| YES* | NO | | | | | | | | | | | | | | |
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| <p>3a Has your child traveled to any affected countries or visited any affected areas in Singapore in the last 7 days?</p> <p align="right">YES* <input type="checkbox"/></p> <p align="right">NO <input type="checkbox"/></p> | <p>3b Has your child traveled to any other country in the last 7 days? Please give details as follow: Country : _____ Duration of stay : _____ Date of return to Singapore: _____ Body temperature reading upon return to centre: _____</p> | | | | | | | | | | | | | | |

* If the answer of Q3a is 'YES', your child can return to the centre after **7 days** from the date of return from **overseas trip to the country affected by influenza pandemic** and if he/she does not develop any symptom of influenza.

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| 4 Does your child travel out of Singapore on a regular basis? YES* <input type="checkbox"/> NO <input type="checkbox"/> | *If yes, please give details as follows: |
| | Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Country visited : _____ Date of last return to Singapore : _____ Body temperature reading upon return to centre: _____ |

*If the answer to Q3b and Q4 are 'YES', your child can return to the centre only if he/she does not develop any symptoms of influenza upon return to Singapore.

Questions 5 and 6 are only for children who attend programmes with their caregivers (i.e., PlayNest, PlayClub, Bilingual PlayClub and EduDrama N1 Accompanied)

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| 5a Has your accompanying caregiver traveled to any affected countries or visited any affected areas in Singapore in the last 7 days? YES* <input type="checkbox"/> NO <input type="checkbox"/> | 5b Have you or your spouse traveled to any other country in the last 7 days? Please give details as follow: Country : _____ Duration of Stay : _____ Date of return to Singapore: _____ Body temperature reading upon return to centre: _____ |
|---|--|

* If the answer of Q5a is 'YES', your accompanying caregiver can return to the centre after **7 days** from the date of return from **overseas trip to the country affected by influenza pandemic** and if your caregiver does not develop any symptom of influenza.

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|---|---|
| 6 Does your accompanying caregiver travel out of Singapore on a regular basis? YES* <input type="checkbox"/> NO <input type="checkbox"/> | *If yes, please give details as follows: |
| | Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Country visited : _____ Date of last return to Singapore : _____ Body temperature reading upon return to centre: _____ |

*If the answer to Q5b and Q6 are 'YES', your accompanying caregiver can return to the centre only if he/she does not develop any symptoms of influenza upon return to Singapore.

Please inform the centre immediately should there be any change in the status of your declaration, in particular if your child or you or your spouse has a sudden onset fever (above or equal to 38⁰C) and/other symptoms such as cough, malaise, chills, headache and myalgia.

I, the undersigned, declare all the above to be true.

Signature & Name

Date