



**MEDICAL AND EMERGENCY INFORMATION**

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

*Person to contact if parents cannot be reached:*  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Do you give permission for the school office to give your child(ren) Tylenol? Yes \_\_\_ No \_\_\_

Please list any medication your child(ren) takes: \_\_\_\_\_  
\_\_\_\_\_

Please list any physical problems the teacher should be aware of: \_\_\_\_\_

Please list any allergies of your child(ren): \_\_\_\_\_

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**JCS now has a website and a Facebook page. Please check one of the following boxes:**

- I give JCS permission to use my child(ren)'s picture on the JCS website and Facebook page.
- I do not want my child(ren)'s picture to be on the JCS website and Facebook page.

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**ALL PARENTS ENROLLING STUDENTS MUST READ AND SIGN THE FOLLOWING:**

**STATEMENT OF COOPERATION**

As I enroll my child as a student in Juniata Christian School, I pledge my support for the spiritual, educational, and disciplinary program of the school, and although I may at some time differ with a specific procedure or decision, I realize that the success of the training program I have chosen for my child depends greatly upon the overall support of school officials by parents and the support of parents by school officials.

Therefore, I will bring any complaints directly to the appropriate teacher or administrator without engaging in destructive verbal criticism of the school or its staff in the presence of my children or friends.

I plan to attend the special programs planned for parents this school year, as much as possible. I give permission for my child to participate in regular school activities, sports, and school-sponsored trips, and agree to hold harmless Juniata Christian School. It is my desire and intention to work and sacrifice in order that this school year will offer my child the best possible opportunities for mental, spiritual, and emotional growth.

I realize that the registration fee is non-refundable and that the tuition payments are a contractual agreement on which receipt of grades are dependent.

**Signature of Parents or Guardian:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date: