

Jefferson County Christian School

Preschool Child Medical Statement

All children entering Jefferson County Christian Preschool must have a medical examination. An update to this must be completed every year. This information is confidential and becomes part of the child's cumulative record.

Child's Name: _____ Date of Birth: _____
 Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations	Please circle one	
Complete for age	Yes	No
In Process	Yes	No

Exemption from Immunizations	Please circle one	
Religious conviction	Yes	No
Health concern	Yes	No
Other: _____		

This child has been examined and is in suitable condition to participate in group care.

Signature of examining Physician/Physician's Assistant or Advanced Practice Nurse (circle one)	Date of exam
Address:	
Phone:	

Immunization: List dates (month, day, year)

DTP (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Oral Polio (1) _____ (2) _____ (3) _____ (4) _____

MMR (1) _____ (2) _____ OR Mumps _____ Rubella _____ Measles _____

Hepatitis B (1) _____ (2) _____ (3) _____

HIB (1) _____ (2) _____ (3) _____ (4) _____

**Jefferson County Christian School
Preschool Program**

Date of Admission _____

Child's Name _____ Date of Birth _____
Address _____ Home Phone _____

Mother/Guardian _____ Cell Phone _____
Home Address _____ Home Phone _____
Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in our school.
Cell 1 2 3 Home 1 2 3 Work 1 2 3

Father/Guardian _____ Cell Phone _____
Home Address _____ Home Phone _____
Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in our school.
Cell 1 2 3 Home 1 2 3 Work 1 2 3

Please list TWO people to be contacted in the event of emergency **if parent cannot be contacted:**

Name:	Name:
Address:	Address:
Relationship to Child:	Relationship to Child:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Name of person(s) to whom my child **can** be released: (Please print.)

Name _____ Name _____ Name _____

Name of person(s) **NOT PERMITTED** to pick up this child (Please print.)

Name _____ Name _____ Name _____

Please list any allergies that your child has of which the teacher should be aware. _____

Please list any other special considerations concerning your child of which the teacher should be aware. (for example, left-handedness) _____

The school has my permission to include my child's name, parent's names, address, and phone number on the list that will be part of a school directory issued to each family who attends the school.

Parents are responsible for transporting their child to and from preschool.

Signature _____ Date _____
Parent / Guardian



Emergency/Medical Information Form

Please print legibly.

Student's Name _____		Grade _____	
Address _____		City _____	State _____
		Zip Code _____	
Birthdate _____		Telephone Number _____	
Primary Contact _____		Secondary Contact _____	
Relationship _____		Relationship _____	
Employer's Address _____		Employer's Address _____	
City _____ State _____		City _____ State _____	
Work Phone _____		Work Phone _____	
Other Phone Numbers Where Parent/Guardian Can Be Reached: (cell) _____ (cell) _____			

People in charge and the release of my child to their care in the event of an emergency or sickness if parent(s) are unavailable:

Name _____	Name _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Phone _____	Phone _____
Relationship to Child _____	Relationship to Child _____
Physician's Name _____	Dentist's Name _____
Address _____	Address _____
Phone _____	Phone _____

Facts concerning the child's medical history (include allergies, medications being taken, physical impairments, or any other information to which a physician should be alerted): _____

I understand that this form will stay on file at JCCS during the current school year. By Signing in one of the two spaces below, I am stating that everything in this form is correct and any changes that are made must be in writing. A new emergency form must be completed in order for a student to begin each new school year.

Please sign in one of the two spaces provided below:

PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for: (1) the administration of any needed treatment deemed necessary by the named physicians, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of my child to (preferred hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signed _____ Date _____

REFUSAL TO GRANT PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

I DO NOT give permission to transport my child for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish JCCS to take the following actions: _____

3301-37-10 BEHAVIOR MANAGEMENT/DISCIPLINE

- (A) A preschool staff member in charge of a child or a group of children shall be responsible for their discipline.
- (B) The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times and shall include such measures as redirection, separation from problem situations, talking with the child about the situation and praise for appropriate behavior.
- (C) The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:
 - (1) There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking or biting.
 - (2) No discipline shall be delegated to any other child.
 - (3) No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
 - (4) No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or a similar cubicle.
 - (5) No child shall be subjected to profane language, threats, derogatory remarks about himself or his family or other verbal abuse.
 - (6) Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
 - (7) Techniques of discipline shall not humiliate, shame or frighten a child.
 - (8) Discipline shall not include withholding food, rest or toilet use.
 - (9) Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a preschool staff member in a safe, lighted and well-ventilated space.
 - (10) The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.
- (D) The parent of a child enrolled in a center shall receive the center's written discipline policy.
- (E) All preschool staff members shall receive a copy of the center's discipline policy for review upon employment.

Parent/Guardian Signature _____ Date _____