



PAN AMERICAN ACADEMY

CHARTER SCHOOL

126-136 W Dauphin Street
Philadelphia, PA 19133

(215)425-1212 Telephone
(215) 423-0871 Fax

Mrs. Wanda Novalés, CEO

Dr. Darcy Russotto, Principal

STUDENT EMERGENCY CONTACT & PARENTAL CONSENT FORM

Please **PRINT** all information, except for your signature:

STUDENT'S NAME _____
Last Name First Name Grade

OTHER PAN AMERICAN ACADEMY STUDENTS IN THIS FAMILY:

Last Name First Name Grade

Last Name First Name Grade

Last Name First Name Grade

Family email address (Please print clearly) _____

Emergency Contact Information for Parents/Guardians with **WHOM** Student Resides:

Parent /Guardian's Name	Home	Work	Cell

Emergency Contact Person other than Parents or Guardians in case parents/guardian cannot be reached and to whom this student can be released.

Name	Relationship	Phone Number(s)

Medical Information/Student's Physician:

Name _____ Phone # _____

Student's Health Insurance Carrier _____ Policy # _____

Allergies and or Special Conditions: _____

Medication(s): _____

Method of Transportation:

- Public Transportation
- After School(name of after school program) _____ Phone: _____
- Walking
- Parent Pick Up
- School Bus Route: _____

Parent /Guardian Consent: Please sign & date not signing means you do NOT give your consent.

Signature: _____ Date: _____