



*Blending academic excellence with cultural awareness*

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Dr. Darcy Russotto, Assistant Principal

panamericanacademy.org

**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:**

- Walking
- Parent Pick Up
- School Bus

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

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