

Please fill out this form and return it to The Pennsylvania Academy of the Fine Arts as soon as possible. If any information changes before or during your week(s) in class please notify PAFA staff.

Student's Last Name	Student's First Name	Age/Grade
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Address	City	State	Zip	Apt.#
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**Parent/Guardian**

Last	First	Relation to Student	Phone: Cell/ Home
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Address	City	State	Zip	Email
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**Parent/Guardian**

Last	First	Relation to Student	Phone: Cell/ Home
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Address	City	State	Zip	Email
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**Emergency Contacts**

Please list 2 emergency contacts. **These should not be parents or guardians.**

Name	Relation to Student	Phone: Cell/ Home
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Name	Relation to Student	Phone: Cell/ Home
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**Pick-Up Authorization**

On the right, please list the names of any person authorized to pick up your child **in addition to parents/guardians** **OR** check the box below to authorize your student to sign themselves out and leave on their own.

☐

Student may sign themselves out.

Name	Relation	Phone
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Name	Relation	Phone
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Name	Relation	Phone
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By my signature I certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature

Date

**Museum Education 2017**  
**Student Information**  
 Medical/Health Information

Please fill out this form and return it to The Pennsylvania Academy of the Fine Arts as soon as possible. If any information changes before or during your week(s) in class please notify staff.

<b>Allergies</b> Please list allergies along with reaction and management.	<b>Restrictions</b> Please list all dietary and activity restrictions.				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Allergic to</td> <td style="width: 40%;">Reaction</td> </tr> <tr> <td colspan="2">Management</td> </tr> </table>	Allergic to	Reaction	Management		
Allergic to	Reaction				
Management					
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Allergic to	Reaction				
Management					

**Medication Information**

Please list all medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the class. Keep it in the original packaging that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in to the Instructor at registration.

Medication	dosage	time/frequency
Reason for taking		
Medication	dosage	time/frequency
Reason for taking		

**Special Health Information**

Please provide additional information about any emotional, behavioral, or learning differences of which you would like PAFA staff to be aware. (Continue on the reverse of this form.)


I authorize Pennsylvania Academy staff to administer first aid as needed.

For the safety of your child in emergency situations, where the parent/guardian cannot be contacted immediately, I hereby give authority to the Pennsylvania Academy of the Fine Arts to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent/guardian. In an emergency requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature authorizes the transportation of your child to that hospital and your responsibility for the resulting treatment and payment.

By my signature I certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian Signature Date

**Museum Education 2017**  
**Student Information**  
 Behavior/ Field Trip Information

Please fill out this form and return it to The Pennsylvania Academy of the Fine Arts as soon as possible. If any information changes before or during your week(s) in class please notify staff.

### Discipline/Behavior

We try to keep disciplinary issues minimized and to help children monitor their own behavior. Museum Ed staff is trained to model and enforce age-appropriate behavior guidelines and reflective communication. We encourage self-control, self-direction, responsibility and cooperation. We will do our best to provide behavioral support to any student demonstrating a need or disrupting a class. **The more we know about a child's need the better we can facilitate a positive experience. We encourage parents/guardians to share IEP's with staff to help us better plan positive outcomes.**

Aggressive physical behavior such as fighting, hitting or biting will not be tolerated. Staff members will intervene immediately should this type of situation occur in order to protect all of the children and encourage more acceptable behavior. Parents will be informed if such an incident occurs. If the child's behavior is extremely disruptive and/or harmful to themselves or others, a parent may be asked to remove the child from class for the remainder of the day. Open communication between guardians and program facilitators is considered key in terms of effective discipline.

PAFA reserves the right to ask a disruptive student to withdraw from class and if such a situation occurs, will refund payment for the remaining days of class.

### Field Trip Release

I grant permission for \_\_\_\_\_ to attend any scheduled field trips  
Student's Name

for his/her class session. Some sessions will be taking walking trips to nearby sites *under adequate supervision*. For bused field trips, we worked with authorized insured vendors and have adequate chaperones. Furthermore, for and in consideration of arrangements and provisions made for the conduct of the activity, I hereby release the Pennsylvania Academy of the Fine Arts and its representatives from all liability resulting from injury sustained by my child during such trips.

### Photo Release

The Pennsylvania Academy of the Fine Arts gathers images throughout the year of its program participants in an effort to tell the story of our organization and our mission. We appreciate your cooperation and consent in allowing us to photograph you and your child for our use in various mediums. You have our assurance that these images will be used only for official purposes and with the respect and consideration to which you are entitled.

I, \_\_\_\_\_ grant permission to The Pennsylvania Academy of  
Parent/Guardian Name

the Fine Arts for full use of photographic/video images taken of me or my child, or of anyone for whom I have legal responsibility on this date.

By my signature I certify that all information is approved and correct unless otherwise indicated. I release the Pennsylvania Academy of the Fine Arts from any liability should this information prove incorrect.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Please send forms as soon as possible!**

**Scan and email to:** [csamson@pafa.org](mailto:csamson@pafa.org) **Fax:** 215-567-2429

**Mail:** Museum Education, attn: Katie Samson- 128 North Broad Street, Philadelphia, PA, 19102

**Drop them off** at the front desk of either museum building. Envelope should be labeled: **Museum Education**  
**Attn: Katie Samson**