



PENNSYLVANIA ACADEMY OF THE FINE ARTS

PARENT/GUARDIAN INFORMATION AND CONSENT FORM

FOR HIGH SCHOOL STUDENTS PARTICIPATING IN CONTINUING EDUCATION PROGRAMS AT
THE PENNSYLVANIA ACADEMY OF THE FINE ARTS

***This form must be signed and returned to the Continuing Education Programs Office,
128 N. Broad St., Philadelphia, PA 19102, prior to the first day of class. Scanned forms may be
emailed to continuinged@pafa.edu.***

STUDENT INFORMATION:

Student's name: _____ **Date of birth:** ____/____/____

Student's cell phone number (if applicable): _____

Parent/Guardian names: _____

Address: _____

Parent/Guardian preferred email: _____

Parent/Guardian phone numbers: Home: _____

Cell: _____

Work: _____

High School Programs/Courses

Check all that apply

Saturday High School Student Classes

☐

Summer One -Week Intensive High School Student Courses

☐

Summer Academy for High School Students

☐

Adult courses in Continuing Education Programs

☐

Semester: ☐ Fall ☐ Spring ☐ Summer **Year:** _____

EMERGENCY CONTACT INFORMATION: (other than parent/guardian)

#1 Name: _____

Phone 1 _____

Relationship to student _____

Phone 2 _____

#2 Name: _____

Phone 1 _____

Relationship to student _____

Phone 2 _____

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TRANSPORTATION:

How will your child be transported to and from the Pennsylvania Academy of the Fine Arts?

Please list names of any people who have permission to pick up your child from PAFA (family, friends, relatives, etc) *If anyone else will be picking up your child please submit additional names in writing.*

Names:**Home and cell phone numbers:**

*	<hr/>	/	<hr/>
*	<hr/>	/	<hr/>

I grant permission for my child to depart from PAFA on his/her own.

Yes _____ No _____

LUNCHTIME OFF-CAMPUS CONSENT:

I grant permission for my child to leave the Pennsylvania Academy of the Fine Arts campus unaccompanied by adult supervision for scheduled one-hour lunch breaks during the course of the program. I understand that I will be notified if my child does not return promptly when class resumes. 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 outings.

Yes _____ No _____

FIELD TRIP PERMISSION:

I grant permission for my child to attend any trips scheduled for his/her course/program. I understand that some trips may require transportation via car/van, bus, or subway; others will be walking trips to nearby sites. 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.

Yes _____ No _____

I have read, understand and agree with the policies outlined in this document and PAFA's policy guide. I hereby consent to my child participating in any and all course and related activities and agree to the conditions set forth. By my signature, I hereby certify that all above information is approved and correct to the best of my knowledge, unless otherwise indicated.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

_____/_____/_____
Date

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HEALTH INFORMATION FORM

Student's Name: _____

Name of family physician: _____ Phone: _____

Medical insurance company: _____

Policy #: _____ Member #: _____

Date of last tetanus shot: ____/____/____

Please describe any medical conditions and allergies:

Current Medications: (is parent/guardian sending any medication?) Yes _____ No _____

Please note that PAFA staff will not administer or be responsible for dispensing medication

Special Needs - Describe any additional information such as learning disabilities, physical disabilities, special emotional needs, or dietary restrictions. Please be specific, the more information we have, the better we can serve your child. *Please note: When lunch is provided for special events, PAFA will make available vegetarian options but may not be able to accommodate all dietary restrictions.*

RELEASE WAIVER

By my signature, I hereby certify that all above information is approved and correct.

I hereby authorize the Pennsylvania Academy of the Fine Arts to release as necessary information included in this form for emergency medical treatment. As parent/guardian I understand, agree and accept sole responsibility and payment for medical treatment and that neither the Academy nor its employees assumes responsibility for such treatment.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I authorize PAFA staff to administer first aid as needed.

For emergency situations, in the event that I or alternate 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 a parent/guardian.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

____/____/____
Date