

**Jangirde Fattunde Philadelphia/School District of Philadelphia**  
**Derewol to dun tefai bandirabe Bingel jaudun /Emergency Contact Form**

Debbo ko Gorko /Sex	Yebre)/Grad)	Sudu/Fellere/Deftere /Rm/Sec/Bk
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Ko hollato dun Derkejo Jangirde /Student ID	Inde derkejo Jangirde (Inde baba, Inde bingel)/Student's Name (Last Name, First Name)	Nyalade dainde / DOB  Leuru Mo. Inyalade //Day Du6u./Yr.	Namba Jangirde/ School No.
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Fattunde wuro /Address	Namba wuro)/Apt. No)	Telephone wuro /Home phone
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Namba Lesdi (Ayidi) /Enter child's SSN (optional)	Bingel nge'el wodi insurance jamu?/Does this child have health insurance? E /Y____ A'a /N____	
Inde larowo jamu bingel Inde fellere laruki jamu /Name of child's doctor/clinic	Namba Telephone /Telephone No.	To'o wodi a su6a dun o wodi a les: /If yes, check the appropriate health insurance provider below  <input type="checkbox"/> Atena/US Health Car <input type="checkbox"/> Health Partners <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Blue Cross <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Goddun fere /Other
Inde larowo nyike/Inde fellere laruki jamu /Name of child's dentist/clinic	Namba Telephone /Telephone No.	

Modun Fuddata tefuki to goddun hebi bingel (Fuu inde ma'a) Inna ko baba/be jogi mo /First Emergency Contact (full name) Parent/Guardian	No o wondi e bingel /Relationship to child	Telephone Nange /Daytime phone	Dun jungo /Cell phone	To dun lildata lilal /Email Address
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Didabo mo dun teffata (Fuu inde ma'a)/Second Emergency Contact (full name)	No o wondi e bingel /Relationship to child	Telephone Nange /Daytime phone	Dun jungo /Cell phone	To dun lildata lilal /Email Address
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Tatabo mo dun teffata (Fuu inde ma'a)/Third Emergency Contact (full name)	No o wondi e bingel /Relationship to child	Telephone Nange /Daytime phone	Dun jungo /Cell phone	To dun lildata lilal /Email Address
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## Zangfahnak in cing aw / Please note

A tanglam ih thu sut mi sung ah pakhat khat “a si” na ti le cu, zangfah nak ten himi ca hi na nauhak ih a Sibawi hnen ah va pek aw la na nauhak ih a Sibawi hnen in Mirang ca in ngan mi thuhla pawl va dil aw. / If the answer to any of the following questions is “Yes”, please take this form to your child’s doctor and ask him/her to provide detailed information in English.

1. **Na fa nu/ pa ih a tul mi harhdannak silo le tlawng in theih tul mi thuhla ziang na nei maw? / Does your daughter/son have any health needs or problems the school should know?**

\_\_\_\_\_Nei/Yes \_\_\_\_\_Nei lo/No

**NEI**, na ti le cu na nauhak ih Sibawi hnen ah Mirang ca ngan mi thuhla pawl va dil aw. / If **YES**, please ask your child’s doctor to provide information in English

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2. **Na fa nu/pa in Sii in lai mi a nei maw? / Does your daughter/son take any medication?**

\_\_\_\_\_Nei/Yes \_\_\_\_\_Nei lo/No

**NEI**, na ti le cu na nauhak ih Sibawi hnen ah mirang ca ngan mi thuhla pawl va dil aw. / If **YES**, please ask your child’s doctor to provide information in English

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3. **Na fa nu/pa in tlawng ih ken in Sii in tul mi a nei maw? / Does your daughter/son need to take medication at school?**

\_\_\_\_\_Nei/Yes \_\_\_\_\_Nei lo/No

**NEI**, na ti si le cu na nauhak ih Sibawi hnen ah mirang ca ngan mi thuhla pawl va dil aw. / If **YES**, please ask your child’s doctor to provide information in English

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Nu leh Pa/Cawmtu hmin thut / Parent/Guardian Signature

Nithla / Date