

Distri Lekòl Philadelphia /School District of Philadelphia

Fòm pou Kontak pou Ijans /Emergency Contact Form

Distri Lekòl Philadelphia /School District of Philadelphia		Sèks /Sex	Klas)/Grad)	/Salklas/Seksyon/Liv /Rm/Sec/Bk
Fòm pou Kontak pou Ijans /Emergency Contact Form				
ID Elèv la /Student ID	Non Elèv la (Non Fanmi, Prenon) /Student's Name (Last Name, First Name)	Dat Nesans / DOB	Nimewo Lekòl la/School No.	
		Mwa/ Mo. Jou//Day Ane/Yr.		
Adrès /Address		Nimewo Apatman)/Apt. No)		Telefòn kay /Home phone
Antre SSN timoun nan (pa obligatwa) /Enter child's SSN (optional)		Èske timoun sa a gen asirans sante?/Does this child have health insurance? Wi /Y_____ Non /N_____		
Non doktè/klinik timoun nan /Name of child's doctor/clinic	Nimewo telefòn /Telephone No.	Si ou reponn wi, koche kaz konpayi asirans ki apwopriye a anba la a /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"/> Lòt/Other		
Non dantis/klinik timoun nan /Name of child's dentist/clinic	Nimewo Telefòn /Telephone No.			
Premye Moun pou Kontakte pou Ijans (prenon ak non fanmi) Paran/Responsab Legal /First Emergency Contact (full name) Parent/Guardian	Sa moun sa a ye pou timoun nan /Relationship to child	Telefòn lajounen /Daytime phone	Telefòn selilè /Cell phone	Imèl /Email Address
Dezyèm Moun pou Kontakte pou Ijans (prenon ak non fanmi) /Second Emergency Contact (full name)	Sa moun sa a ye pou timoun nan /Relationship to child	Telefòn lajounen /Daytime phone	Telefòn selilè /Cell phone	Imèl /Email Address
Twazyèm Moun pou Kontakte pou Ijans (prenon ak non fanmi) /Third Emergency Contact (full name)	Sa moun sa a ye pou timoun nan /Relationship to child	Telefòn lajounen /Daytime phone	Telefòn selilè /Cell phone	Imèl /Email Address

Tanpri sonje / Please note

Si repons pou nenpòt nan kesyon sa yo se “Wi”, tanpri pote fòm sa a ba doktè pitit ou epi mande li pou bay enfòmasyon detaye nan lang Anglè. / 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. **Èske pitit fi/gason ou gen nenpòt bezwen oswa pwoblèm sante lekòl la ta dwe konnen? / Does your daughter/son have any health needs or problems the school should know?**

_____Wi/Yes _____Non / No

Si ou reponn **WI**, tanpri mande doktè pitit ou pou li bay enfòmasyon yo nan lang Anglè / If **YES**, please ask your child’s doctor to provide information in English

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2. **Èske pitit fi/gason ou ap pran nenpòt medikaman? / Does your daughter/son take any medication?**

_____Wi/Yes _____Non/No

Si ou reponn **WI**, tanpri mande doktè pitit ou pou li bay enfòmasyon yo nan lang Anglè / If **YES**, please ask your child’s doctor to provide information in English

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3. **Èske pitit fi/gason ou bezwen pran medikaman nan lekòl la? / Does your daughter/son need to take medication at school?** _____Wi/Yes _____Non/No

Si ou reponn **WI**, tanpri mande doktè pitit ou pou li bay enfòmasyon yo nan lang Anglè / If **YES**, please ask your child’s doctor to provide information in English

Siyati Paran/Responsab Legal / Parent/Guardian Signature

Dat la / Date