

ቤት ትምህርት ግዝአት ፊላደልፊያ / School District of Philadelphia

አብ ግዜ ሓዲጋ መራሽቢ ቅጥዲ / Emergency Contact Form

ጾታ / Sex	ደረጃ / Grad	/አዳራሽ/ክፍለ/መጽሐፍ /Rm/Sec/Bk		
ናይ ተምህራይ ID /Student ID ሽም ተምህራይ (ሽም አቡላት፣ ናይ መጀመርያ ሽም) /Student's Name (Last Name, First Name)	ናይ ትውልዲ ዘመን / DOB ጠርጢ / Mo. ዕለት / Day ዓ.ም / Yr.	ቁጽሪ ቤት ትምህርት / School No.		
ኢድራሻ / Address ናቆጻራ ቁጽሪ / Apt. No)	ናይ ዝ ተሌፎን / Home phone			
ናይ ተምህራይ SSN አለትው (ከም ለማራጺ) /Enter child's SSN (optional)	እዚ ቆልዓ ናይ ጥዕና ኢንሹራንስ ኣለዎ ዶ? /Does this child have health insurance? አው / Y _____ የብሉን / N _____ እንተደኣ ሃልይዎ፣ እቲ ትኸከለኛ ኣቕራቢ ኢንሹራንስ ኣብዞም ዝሰዕቡ ኣረጋግጹ /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"/> Other/Other			
ሽም ሓኪም/ክሊኒክ ቁጽሪ /Name of child's doctor/clinic	ቁጽሪ ተሌፎን / Telephone No.			
ሽም ሓኪም ስነ/ክሊኒክ ቁጽሪ /Name of child's dentist/clinic	ቁጽሪ ተሌፎን / Telephone No.			
አብ ግዜ ሓዲጋ ብቐዳምነት ናይ ዝጽዋዕ ሰብ ኢድራሻ (መሉእ ሽም) ወላዲ/መዕበዪ /First Emergency Contact (full name) Parent/Guardian	ምስ ቆልዓ ዘለዎ ርክብ /Relationship to child	ናይ ቀትሪ ተሌፎን /Daytime phone	ተንቀሳቓሲ ተሌፎን /Cell phone	ናይ ኢሜይል ኢድራሻ /Email Address
አብ ግዜ ሓዲጋ ብኸልኣይ ደረጃ ናይ ዝጽዋዕ ሰብ ኢድራሻ (መሉእ ሽም) /Second Emergency Contact (full name)	ምስ ቆልዓ ዘለዎ ርክብ /Relationship to child	ናይ ቀትሪ ተሌፎን /Daytime phone	ተንቀሳቓሲ ተሌፎን /Cell phone	ናይ ኢሜይል ኢድራሻ /Email Address
አብ ግዜ ሓዲጋ ብሳልሳይ ደረጃ ናይ ዝጽዋዕ ሰብ ኢድራሻ (መሉእ ሽም) /Third Emergency Contact (full name)	ምስ ቆልዓ ዘለዎ ርክብ /Relationship to child	ናይ ቀትሪ ተሌፎን /Daytime phone	ተንቀሳቓሲ ተሌፎን /Cell phone	ናይ ኢሜይል ኢድራሻ /Email Address

መተሓሳሰቢ / Please note

ነዚ ዝስዕብ ሕቶ ዝተውሃበ መልሲ “እወ” ዝብል እንተድኣ ኮይኑ፣ ብኸብረትኩም እዚ ቅጥፒ ናብቲ ናይ ውሉድኩም ዶክተር ብምውሳድ ዝርዝር ሓበሬታ ብኢንግሊዘኛ ንኸቐርበልኩም ሕተትዎ። / 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. ጓልኩም/ወድኹም እቲ ቤት ትምህርቲ ክፈልጦ ዝግባእ ገለ ናይ ጥዕና ጠለብ ወይድማ ጸገም ኣለዎም ድዩ? / Does your daughter/son have any health needs or problems the school should know?

_____ እወ/Yes _____ የብሉን/No

መልስኹም እወ እንተኾይኑ፣ ብኸብረትኩም ናይ ውሉድኩም ዶክተር ብኢንግሊዘኛ ሓበሬታ ክቐርብ ሕተትዎ / If **YES**, please ask your child’s doctor to provide information in English

2. ጓልኩም/ወድኹም ገለ መድኣኒት ወሲዶም ድዮም? / Does your daughter/son take any medication?/

_____ እወ/Yes _____ የብሉን/No

መልስኹም እወ እንተኾይኑ፣ ብኸብረትኩም ናይ ውሉድኩም ዶክተር ብኢንግሊዘኛ ሓበሬታ ክቐርብ ሕተትዎ / If **YES**, please ask your child’s doctor to provide information in English

3. ጓልኩም/ወድኹም ኣብ ቤት ትምህርቲ ክወስድዎ ዝግበኣም መድኣኒት ኣለዎም ድዩ? / Does your daughter/son need to take medication at school? _____ እወ/Yes _____ የብሉምን/No

መልስኹም እወ እንተኾይኑ፣ ብኸብረትኩም ናይ ውሉድኩም ዶክተር ብኢንግሊዘኛ ሓበሬታ ክቐርብ ሕተትዎ / If **YES**, please ask your child’s doctor to provide information in English

ናይ ወላዲ/መዕባዩ ፊርማ/ Parent/Guardian Signature

ዕለት/ Date