

Filadelfia maktab rayoni/ School District of Philadelphia

Favqulodda xabarlash formasi/ Emergency Contact Form

Filadelfia maktab rayoni/ School District of Philadelphia		<i>Jins/ Sex</i>	<i>Sinf/Grad</i>	<i>Xona/Bo'lim/Kitob /Rm/Sec/Bk</i>
Favqulodda xabarlash formasi/ Emergency Contact Form				
<i>O'quvchi IN/ Student ID</i>	<i>O'quvchining to'liq ismi (familiyasi, ismi)/ Student's Name (Last Name, First Name)</i>	<i>Tug'ilgan kuni sanasi/ DOB</i>	<i>Maktab №/School No.</i>	
		<small>Oy/ Mo /Kun/ Day Yil /Yr</small>		
<i>Manzil/ Address</i>		<i>Kv. №/ Apt. No)</i>		<i>Uy telefoni /Home phone</i>
<i>(Agar istasangiz,) bolaning SSN raqamini kiriting/ Enter child's SSN (optional)</i>		<i>Bu bolaning tibbiy sug'urtasi bormi?/ Does this child have health insurance?</i> <i>Ha/ Y _____ Yo'q/ N _____</i>		
<i>Bola shifokorining/klinikasining nomi/ Name of child's doctor/clinic</i>	<i>Telefon raqami./ Telephone No.</i>	<i>Javobingiz "Ha" bo'lsa, quyida tegishli sug'urta kompaniyasini belgilang./ If yes, check the appropriate health insurance provider below</i> <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"/> Boshqa /Other		
<i>Bola stomatologining/klinikasining nomi/ Name of child's dentist/clinic</i>	<i>/Telefon raqami/ Telephone No.</i>			
<i>Favqulodda holatda birinchi navbatda bu shaxsga xabar berish kerak (to'liq ismi) Ota-ona/Vasiy/ First Emergency Contact (full name) Parent/Guardian</i>	<i>Bolaga kim bo'ladi?/ Relationship to child</i>	<i>Kunduzgi telefoni/ Daytime phone</i>	<i>Uyali telefoni/ Cell phone</i>	<i>Elektron pochta manzili/ Email Address</i>
<i>Favqulodda holatda ikkinchi navbatda bu shaxsga xabar berish kerak (to'liq ismi)/ Second Emergency Contact (full name)</i>	<i>Bolaga kim bo'ladi?/ Relationship to child</i>	<i>Kunduzgi telefoni/ Daytime phone</i>	<i>Uyali telefoni/ Cell phone</i>	<i>Elektron pochta manzili/ Email Address</i>
<i>Favqulodda holatda uchinchi navbatda bu shaxsga xabar berish kerak (to'liq ismi)/Third Emergency Contact (full name)</i>	<i>Bolaga kim bo'ladi?/ Relationship to child</i>	<i>Kunduzgi telefoni/ Daytime phone</i>	<i>Uyali telefoni/ Cell phone</i>	<i>Elektron pochta manzili/ Email Address</i>

Iltilimos, yodda tuting / Please note

Agar quyidagi savollardan birortasiga javob “Ha” bo’lsa, bu shaklni farzandingiz shifokoriga olib boring va undan ingliz tilida batafsil ma’lumotlar berishini so’rang. / 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. **Qizingiz/o’glingizda maktab bilishi kerak bo’lgan sog’liqqa oid qandaydir ehtiyojlar yoki mummolar bormi? / Does your daughter/son have any health needs or problems the school should know?**

_____Ha/Yes _____Yo’q/No

Agar **HA** bo’lsa, farzandingiz shifokoridan ingliz tilida batafsil ma’lumotlar berishini so’rang / If **YES**, please ask your child’s doctor to provide information in English

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2. **Qizingiz/o’glingiz birorta dori qabul qiladimi? / Does your daughter/son take any medication?**

_____Ha/Yes _____Yo’q/No

Agar **HA** bo’lsa, farzandingiz shifokoridan ingliz tilida batafsil ma’lumotlar berishini so’rang / If **YES**, please ask your child’s doctor to provide information in English

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3. **Qizingiz/o’glingiz maktabda dori qabul qilishi kerakmi? / Does your daughter/son need to take medication at school?** _____Ha/Yes _____Yo’q/No

Agar **HA** bo’lsa, farzandingiz shifokoridan ingliz tilida batafsil ma’lumotlar berishini so’rang / If **YES**, please ask your child’s doctor to provide information in English

Ota-ona/Vasiy imzosi / Parent/Guardian Signature

Sana / Date