Transla	ated versions of this docume	ent are available at:	www.	philasd.org	translation/	(sear	ch word "EH-	-4")	
(EH-4)		OOL DISTRICT OF PHI EMERGENCY CONTA				Sex	Grade	Rm./Sec./Bk.	
Student ID	Student's Name	LIVERGENCT CONTA	\CITC	ZINIVI		Bi	rth Date	School No.	
Address		Zip Code		Apt	. No.	Home	e Phone		
			1						
Enter Child's Social Seco	urity No.				hild have healt the appropria		nce? n insurance belov	□ Yes □ No v:	
Name of child's doctor/clinic		Phone No.		☐ Aetna/US Health © ☐ Health Partners		Care			
Name of child's dentist/clinic		Phone No.		☐ Keystone Mercy☐ Other		☐ Keystone Health Plan East			
First Emergency Contac	t (fu ll name) Parent/Guardian	Relationshi p to child	Day	time Phone	Cell Phone		E-Mail		
Second Emer gency Co	ntact (full name)								
Third Emergency Conta	ict (full name)								
Transl	ated versions of this docume	ent are available at:	www.	nhilasd.org		(sear	ch word "EH-	-4")	
				-	, v	Sex	Grade	Rm./Sec./Bk.	
(EH-4)	SCHO	OOL DISTRICT OF PH EMERGENCY CONTA				Jex	Glade	MIII./ Sec./ DK.	
Student ID	Student's Name					Bi	rth Date	School No.	
Address	ddress Zi			Apt. No.			Home Phone		
Enter Child's Social Seco	urity No.				hild have healt			☐ Yes ☐ No	
Name of child's doctor/	clinic	Phone No.		☐ Ae	tna/US Health (n insurance belov Blue Cross		
Name of child's dentist	Phone No.	hone No. Health Partners Keystone Mercy Other		ystone Mercy	☐ Americhoice				
First Emergency Contac	t (fu ll name) Parent/Guardian	Relationshi p to child	Day	time Phone	Cell Phone		E-Mail		
Second Emer gency Co	ntact (full name)								
Third Emergency Conta	act (full name)								
Transl	ated versions of this docume	ent are available at:	www.	philasd.org	/translation	(searc	ch word "EH-	-4")	
(511.4)	SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM				Sex	Grade	Rm./Sec./Bk.		
(EH-4) Student ID	Student's Name	LINENGENCT CONTA	CITC	711111		Bi	rth Date	School No.	
Address		Zip Code		Apt	. No.	Home	e Phone		
Enter Child's Social Sec	urity No.				hild have healt			☐ Yes ☐ No	
Name of child's doctor/clinic Phone No.				If Yes, check the appropriate health insurance below: Aetna/US Health Care Blue Cross					
Name of child's dentist/	Phone No.	one No.		☐ Health Partners ☐ Keystone Mercy		Americhoi	ce		
First Emergency Contac	Relationshi p to child	Other		ici		☐ Keystone Health Plan East E-Mail			
Second Emer gency Co	ntact (full name)								
Third Emergency Conta	act (full name)		-						

Please note

1.	Does your daughter/son have any health needs or problems the school should know?						
	Yes No						
	If YES , please describe						
2.	Does your daughter/son take any medication? Yes No If YES, please describe						
3.	Does your daughter/son need to take medication at school? Yes No If YES, please describe						