EH-4 (Rev. 7/08)

SCHOOL DISTRICT OF PHILADELPHIA

EMERGENCY CONTACT FORM

Sex	Grade	Rm.-Sec.-Bk.

Student ID	Student's Name	Birth Date	School No.

Address	Apt. No.	Home Phone

Enter Child's Pennsylvania I.D. Number		Does your child have health insurance? ___ Yes ___ No If Yes, check the appropriate health insurance below: __ Aetna/US Health Care __ Blue Cross __ Health Partners __ AmeriChoice __ Keystone Mercy __ Keystone Health Plan East __ Other_____		
Name of Child's Doctor/Clinic	Phone No.			
Name of Child's Dentist/Clinic	Phone No.			
First Emergency Contact - Parent/Guardian	Relationship to child	Daytime Phone	Cell Phone	E-Mail
Second Emergency Contact (full name)				
Third Emergency Contact (full name)				

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