EH-4 (Rev. 7/08) SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM					Sex	Grade	RmSecBk.		
Student ID	Student's Name	1			Birth Date School N		School No.		
Address				Apt. No.		Home Phone			
Enter Child's Pennsylvania I.D. Number			Does your child have health insurance?YesNo						
Name of Child's Doctor/Clinic Phone No.		 If Yes, check the appropriate health insurance below: Aetna/US Health Care Blue Cross Health Partners AmeriChoice 					٩		
Name of Child's Dentist/Clinic		Phone No.	Keyst	one Mercy		Keystone Health Plan East			
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime F	hone	Cell Phone	e E-Mail			
Second Emergency Contact (full name)									
Third Emergency Contac	ct (full name)								

EH-4 (Rev. 7/08) SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM						Sex	Grade	RmSecBk.	
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						
Name of Child's Doctor/Clinic Phone No.		If Yes, check the appropriate hea Aetna/US Health Care Health Partners			alth insurance below: Blue Cross AmeriChoice				
Name of Child's Dentist/Clinic		Phone No.		one Mercy		 	Keystone Health Plan East		
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime P	vtime Phone Cell Phone		E-Mail			
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									

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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?YesNo						
Name of Child's Doctor/Clinic Phone No.		Phone No.	Aetna/US Health Care Health Partners			Blue Cross AmeriChoice			
Name of Child's Dentist/Clinic		Phone No.		one Mercy		Keystone Health Plan East			
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime F	time Phone Cell Phon		e	E-Mail		
Second Emergency Con	tact (full name)								
Third Emergency Contac	ct (full name)								