EH-4 (Rev. 7/08) SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM						Sex	Grade	RmSecBk.	
Student ID	Student's Name					Birth I	Date	School No.	
Address			Apt. No. Home F			Home Pho	ne		
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 health insurance below: Aetna/US Health Care Blue Cross Health Partners AmeriChoice						
Name of Child's Dentist/Clinic		Phone No.	Keystone Mercy Keystone Health Plan East Other					ealth Plan East	
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime Phone Cell Phon			е	E-Mail		
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									
EH-4 (Rev. 7/08)		ISTRICT OF PHILADELF			I	Sex	Grade	RmSecBk.	
Student ID Student's Name			PKIVI	CIVI		Birth I	Date	School No.	
Address			Apt. No. Home Pho			ine			
				Tionio i nono					
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 heAetna/US Health Care Health Partners				nce below: Blue Cross AmeriChoic	۵	
Name of Child's Dentist/Clinic		Phone No.	Keystone Mercy Other				Keystone H	ealth Plan East	
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime Phone Cell Phon		е	E-Mail			
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									
EH-4 (Rev. 7/08)	SCHOOL D	STRICT OF PHILADELF	PHIA			Sex	Grade	RmSecBk.	
EMERGENCY CONTACT FO									
Student ID Student's Name						Birth Date School No.			
Address				Apt. No.		Home Pho	ne		
Enter Child's Pennsylvan	ia I.D. Number		Does yo	ur child hav	e health ins	urance? _	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.					ealth Plan East		
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime F	Daytime Phone Cell Phone		E-Mail			
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									