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 Pennsylva	ania I.D. Number		Does you	r child hav	ve health ins	urance?	Yes	No	
Name of Child's Doctor/Clinic Name of Child's Dentist/Clinic		Phone No.	If Yes, check the appropriate health inAetna/US Health CareHealth PartnersKeystone Mercy				insurance below:Blue CrossAmeriChoiceKeystone Health Plan East		
			Other						
First Emergency Contact - Parent/Guardian		Relationship to child	Daytime Phone Cell Phor		Cell Phone	E-Mait			
Second Emergency Co	ntact (full name)								
Third Emergency Contact (full name)									
EH-4 (Rev. 7/08)		ISTRICT OF PHILADELF INCY CONTACT FO				Sex	Grade	RmSecBk.	
Student ID	Student's Name					Birth	Date	School No.	
Address	Apt. No.			Home Ph	Home Phone				
Enter Child's Pennsylva	ania I.D. Number		Does you	r child hav	ve health ins	шгапсе?	Yes	No	
Name of Child's Doctor/Clinic Name of Child's Dentist/Clinic		Phone No.	 If Yes, check the appropriate health Care Health Partners Keystone Mercy Other 			ealth insurance below: Blue Cross AmeriChoice Keystone Health Plan East			
First Emergency Contact - Parent/Guardian		Relationship to child			Cell Phone	<u> </u>	E-Mail		
Second Emergency Co	ntact (full name)		ļ. <u>-</u> .						
Third Emergency Contact (full name)					-				
<u> </u>			<u> </u>				<u>.l</u>		
EH-4 (Rev. 7/08)	PHIA D RM			Sex	Grade	RmSecBk.			
Student ID	Student's Name				Birth Date		School No.		
Address				Apt. No.		Home Ph	one		
Enter Child's Pennsylva	ania I.D. Number		Does you	r child hav	ve health ins	urance?	Yes	No	
Name of Child's Doctor/Clinic Name of Child's Dentist/Clinic		Phone No.	If Yes, check the appropriate he Aetna/US Health Care Health Partners Keyetage Morrey			ealth insurance below:Blue Cross AmeriChoice Keystone Health Plan East			
			Keystone Mercy Other						
First Emergency Contact - Parent/Guardian Second Emergency Contact (full name)		Relationship to child	Daytime Ph	one	Cell Phone	-	E-Wall	•	
Third Emergency Contact (full name)						•			