

**Al-Sabereen Full-Time Islamic School
EMERGENCY CONTACT FORM**

Student ID		Student's Name		Sex	Grade	Rm.-Sec.-Bk.	
Address		Apt. No.		Birth Date		School No.	
Enter Child's Pennsylvania I.D. Number		Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Child's Doctor/Clinic		Phone No.		If Yes, check the appropriate health insurance below:			
Name of Child's Dentist/Clinic		Phone No.		<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross	
				<input type="checkbox"/> Health Partners		<input type="checkbox"/> AmeriChoice	
				<input type="checkbox"/> Keystone Mercy		<input type="checkbox"/> Keystone Health Plan East	
		<input type="checkbox"/> Other _____					
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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