



ASI/HL Child information sheet

Child's name _____

Child's birth date _____

Child's grade/teacher _____

List any medical conditions or allergies that effect your child _____

Parent's names _____

Family address (including city and zip code) _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

*List people who may be called in an emergency.

Name, relationship to student and phone number

*Additional people who may pick up student from the ASI/HL program:

* Late pickup is defined as being more than five minutes late for your scheduled pickup time. You should also be aware that at 6:00 pm we will immediately start calling all the people listed on this sheet to come pick up your child if we have not heard from you. If we cannot contact anyone on your pick up list, and we have not been able to get a hold of you, an ASI staff member may call the Seaside Police Department for assistance.

Name of the physician or dentist to be called in an urgent or an emergency situation

Physician name and phone number _____

Dentist name and phone number _____

If a physician cannot be reached in an urgent, **but not emergency**, situation what action should be taken? _____

List any medications your child is currently using or is allergic to _____

List any other important information we should have about your child's health, personal needs or family situation _____
