



Forest Lake Area Schools Child Care Program  
943 9th Ave SW, Forest Lake, MN 55025  
(651) 982-8365

Environmental Allergy Assessment Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SAC Site: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

What kinds of environmental allergies does your child have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List avoidance techniques -

\_\_\_\_\_

Has your child ever had an anaphylactic reaction because of exposure to the allergen?  No  Yes, explain: \_\_\_\_\_

What treatment / medication is your child currently taking for this health concern? \_\_\_\_\_

\_\_\_\_\_

Will your child be taking any medication while at SAC/Sonic for this health concern?  No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

**(All medication that will be administered during SAC/Sonic hours must have a signed medication form or orders from the treating physician. All medication authorization forms must be signed and dated by a parent or guardian)**

How would you like SAC/Sonic to handle this concern? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other health concerns or comments?  No  Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All health forms are good for one calendar year from the date they are signed and date.**

02/18/2020