



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

Student Name: _____ Grade: _____ Date of Birth: _____

SAC Site: _____ Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Physician / Clinic: _____ Phone: _____

Hospital Preference: _____

Describe your child's current health concern: _____

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.

