



Union County T.E.A.M.S. Charter School and High School/College Leadership Academy
515-517 West 4th Street Plainfield, NJ 07060 * PHONE: 908.754.9043 * FAX: 908.754.9053 www.ucteams.org

HEALTH AND ALLERGY FORM

Dear Parents:

To insure your child's well-being while at school, it is important that we know whether your child has any allergies or special medical needs. Please check the areas below that apply to your child and return this form to school with his/her registration paperwork. Thank you for your kind assistance.

_____ My child has no know allergy or special medical needs.

My child has allergies to:

_____ Bee sting/ insect bites

_____ Food (specify): _____

_____ Air-borne substances

_____ Medications (specify): _____

_____ Other (specify): _____

_____ My child has the following medical condition: _____

My child is required to take medication for this allergy/condition. Yes _____ No _____

*** If your child requires medication for any medical condition/allergy.
Administration of ALL medication is to be done as per medication guidelines.
Please notify the school nurse to obtain the required forms.

Child's Name _____

Grade _____

Parent/Guardian Signature _____

Date _____