



Union County T.E.A.M.S. Charter School and High School/College Leadership Academy
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"We Are Community Builders...Aiming High and Achieving Greatness"

HEALTH AND ALLERGY FORM – 2016-217

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 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 takes medication for any medical condition/allergy.
Administering medication is to be done as per medication guidelines.
Please notify school nurse to obtain the appropriate forms.

Child's Name _____

Grade _____

Parent/Guardian Signature _____

Date _____

Sheila L. Thorpe
Executive Director/
Founder

Brian A. Albanese
Director of Instruction/
Principal - Elementary