



**COMPLETE AND RETURN  
SEPT 7, 2017**

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

*"We Are Community Builders...Aiming High, Achieving Greatness and Blue Ribbon Bound"*