



Community Charter School of Paterson

NURSE ALERT FORM

Please complete this form if your child has a serious health condition. This information will be reviewed by the School Nurse and shared with staff as needed.

STUDENT NAME: _____

BIRTH DATE: _____

GRADE: _____

- My child has no known serious health conditions. *(No additional information is needed: simply sign below and turn in.)*
- My child has the following serious health conditions that I want the school to be aware of:

SERIOUS HEALTH CONDITIONS:

Life Threatening Allergy to:

Behavioral Health Diagnosis of:

Seizure Disorder

Cardiac

Diabetes

Other: _____

Asthma

MEDICATIONS:

At home only: _____

To be given at school*: _____

CONTACT INFORMATION:

Physician / Health Care Provider's Phone: _____

Signature/Date: _____

*Medications given at school require an *Authorization for Administration of Medication* form