

SAN DIEGO UNIFIED SCHOOL DISTRICT
HEALTH INFORMATION EXCHANGE CONSENT

School Year _____

This form to be placed in all registration & annual registration update packets

Child's Name: _____ Birthdate: _____
Last First Middle Month/Day/Year

School: _____ Grade: _____ Social Security #: _____

Phone No.: () _____ () _____ () _____
Area Code Home Area Code Work Area Code Cell

Physician's Name/Clinic: _____ Telephone #: _____ No Physician

Health Insurance Plan: _____ No Health Plan
(If Medi-Cal, Covered CA, or another health plan, please write name of health plan)

My children **do not have health insurance** (example: Medi-Cal, Covered CA, private insurance) and I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

HEALTH HISTORY: Indicate known Health Problems (give dates and details for all checked boxes in comment box below)

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Behavior/Emotional Problems i.e. ADHD | <input type="checkbox"/> Ear Problem, Hearing Deficit |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye Problem, Glasses |
| <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Operations, Fractures, Head Injury, Concussion |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other Health Information |

Health History comments:

State law requires that the parent inform the school if a child is receiving prescribed medication for a continuing health problem. (California Education Code § 49480)

Medication: _____ Dosage: _____

There are occasions when an over-the-counter (OTC) medication may be given to students six (6) years and older.

If you would like the school nurse or other trained staff to provide to your child ibuprofen, acetaminophen, calamine lotion and/or antacids per district protocol please check: Yes No

_____ Parent/Guardian Signature or Authorized Representative or Minor Student	_____ Parent/Guardian Name (print)	_____ Date
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This authorization expires at the end of each academic year and must be renewed annually.

PLEASE RETURN TOMORROW