School Year ____________

# SAN DIEGO UNIFIED SCHOOL DISTRICT
# HEALTH INFORMATION EXCHANGE CONSENT

***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)**

☐Asthma
☐Allergies
☐Behavior/Emotional Problems i.e. ADHD
☐Diabetes
☐Heart Problem
☐Kidney Disease
☐Seizure Disorder
☐Skin Conditions
☐Ear Problem, Hearing Deficit
☐Eye Problem, Glasses
☐Operations, Fractures, Head Injury, Concussion
☐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

This authorization expires at the end of each academic year and must be renewed annually.

**PLEASE RETURN TOMORROW**

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