

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: \_\_\_\_\_ SS #: \_\_\_\_\_

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, Healthy Families, or another health plan, please write name of health plan)

My children do not have health 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 explain)

Asthma: \_\_\_\_\_

Allergies: \_\_\_\_\_

Behavior/Emotional Problems i.e.ADHD: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Heart Problem: \_\_\_\_\_

Kidney Disease: \_\_\_\_\_

Seizure Disorder: \_\_\_\_\_

Skin Conditions: \_\_\_\_\_

Ear Problem, Hearing Defect: \_\_\_\_\_

Eye Problem, Glasses: \_\_\_\_\_

Operations, Fractures, Head Injury: \_\_\_\_\_

Other Health Information: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature or  
Authorized Representative of Minor Student

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date

**OPTIONAL – There are occasions when an over-the-counter (OTC) medication may be given.**

Please check if you would like the **school nurse or other trained staff**, after assessment, to provide the following over-the-counter medications, if indicated:  
ibuprofen, acetaminophen, antacids or calamine lotion to your child as appropriate:

Yes  No

\_\_\_\_\_  
Parent/Guardian Signature or  
Authorized Representative of 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**