

The Preuss School UC San Diego
Health Information Exchange Consent

Child's full name: _____ Birthdate (MM/DD/YYYY): _____

School: The Preuss School Grade: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Physician's Name/ Clinic: _____ Telephone #: _____

Health Insurance Plan: _____

(If Medi-Cal, Healthy Families, or another plan, please write the name of the health Plan)

☐ NO Physician ☐ NO 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.

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)

If your child requires medication during school time, please contact the school nurse for the required physician forms. **All medication needs to be kept and dispensed at the nurse's office** unless special arrangements are made with the school nurse.

Please review and print the following form to be filled out by your Health Care Provider and return to the school nurse: [**Prescribed Medication Form**](#)

There are occasions when an over-the-counter (OTC) medication may be given during the school day.

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 approve or deny.**

☐ YES ☐ NO

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

Parent/Guardian Signature or
Authorized Representative of Minor

Parent/Guardian Name (Print)

Date