**B. Referential Integrity**

SCHOOL

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School\_ID | School\_Name | Yearly\_Tuition | Contact | Phone | Address | City | State | ZipCode |
| School\_Type |

STUDENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STU\_ID | School\_ID | | | STU\_FN | STU\_LN | | STU\_Contact | | Gender | | EMER\_NAME | |
| EMER\_RELATION | | Gender | STU\_MARITAL\_STATUS | | | STU\_ADD | | STU\_CITY | | STU\_STATE | | STU\_ZIP | |

MEDICAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical\_ID | Medical\_Name | Medical\_Contact | Medical\_Address | Medical\_City | Medical\_State |
| Medical\_ZipCode | Medical\_Type |

MEDICAL\_RECORD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance\_Policy\_Number | Medical\_ID | Treatment\_Name | Treatment\_Date | Patient\_Cost |
| Inusrance\_Payment | Total\_Cost |

INSURANCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurance\_Policy\_Number | STU\_ID | Insurance\_Cost | Insurance\_Term | Insurance\_Tier | Payment\_Type |

TIER

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance\_Tier | Deductible | Copay | Out-of-Pocket |

Prescription

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance\_Policy\_Number | Pharmacy\_ID | Drug\_name | Prescription\_date |

Pharmacy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pharmacy\_ID | Pharmacy\_Name | Pharmacy\_Contact | Pharmacy\_Address | Pharmacy\_City |
| Pharmacy\_State | Pharmacy\_ZipCode | Pharmacy\_type |