Enrollment Guide

Parents can access CareDox by using the email invitation. Once an account has been made, parents may revisit CareDox at anytime by going to https://secure.caredox.com/accounts/login and signing in. If you have forgotten your password please click on "Forgot you password?".

Sign In

Email

Password

SIGN IN

› Expecting an invitation but didn't receive one?
› Haven't signed up? Register here.
› Forgot your password?

Click Continue Enrollment to begin the enrollment process for the 2017-18 school year.

Abington, James
Feb 01, 2010
School Enrollment 2017-18

Health Profile

ENROLLMENTS

Abington Friends School (Sample)
School Enrollment 2017-18

→ **Continue Enrollment**

General Information: You will be brought to the first section of the form. Review the information and click SAVE & NEXT. Some information may be greyed greyed out. Please contact your school to update these fields.

General Information ⓘ

⚠ NEED TO UPDATE INFORMATION ON THIS PAGE? PLEASE CONTACT THE SCHOOL OFFICE.

Basic Info   Profile Photo

	First Name *	Middle Name	Last Name *
Student Name	James	Middle	Abington

Date of Birth *   02/01/2010

Gender   ◉ Male   ○ Female

Language   English

Family Contact: Review the information and click SAVE & NEXT.

Family Contacts ⓘ

Required Form	First Name *	Middle Name	Last Name *
Name of Contact	Mary		Hamilton

Contact Info	Primary phone number (cell phone preferred)	Secondary Phone	Home Phone

Allow Text Message   No   Email Address   abington_friends3@ca

Relationship *	Preferred Communication	Has Custody *
▼	▼	Yes ▼

Allergies: If your child has an allergy please select their allergy from the provided list. If your child has a care plan, download the care plan, fill in the form and then upload it by (1) scanning the completed form to your computer and uploading a PDF **or** (2) using your mobile device to take a photo(s) of the care plan and uploading the pictures by signing in with your mobile device.

Allergies ⓘ

Does the student have allergies? `Yes`

Name of Allergy *	First Observed	Has epinephrine auto-injector? (ie Epi-Pen)
Peanuts ▾	MM/DD/YYYY	`Yes` 12/31/2017
		Expiration Date

Describe Reaction

Life-threatening `Yes`

⬇ DOWNLOAD FOOD ALLERGY ACTION PLAN   ?

× REMOVE ALLERGY

+ ADD CARE PLAN OR MEDICATION FORM

Medical Conditions: If your child has a condition, please select their condition from the provided list. You may also edit an existing condition you or the school nurse entered in the past. If your child has a care plan, download the care plan template, fill in the form and then upload it by (1) scanning the completed form to your computer and uploading a PDF **or** (2) using your mobile device to take a photo(s) of the care plan and uploading the pictures by signing in with your mobile device.

Medical Conditions ⓘ

Does the student have any medical conditions? `Yes`

List of conditions and Care Plans

Condition Info

Name *
Asthma ▾

Life-threatening `No`

Approx. Onset Date
MM/DD/YYYY

Stop Date
MM/DD/YYYY

Notes

⬇ DOWNLOAD ASTHMA ACTION PLAN

× REMOVE CONDITION

+ ADD CARE PLAN OR MEDICATION FORM

Emergency Contact: Review the information and click SAVE & NEXT

Immunizations: Upload a new immunization card by (1) scanning the completed form to your computer and uploading a PDF **or** (2) using your mobile device to take a photo(s) of the care plan and uploading the pictures by signing in with your mobile device**.**

Prescription Medications: If your child takes a prescription medication, enter it or edit an existing one if needed. You must upload a Medication Permission Form. Click **download** to retrieve a copy of the form. Upon completion upload the form by (1) scanning the completed form to your computer and uploading a PDF **or** (2) using your mobile device to take a photo(s) of the care plan and uploading the pictures by signing in with your mobile device**.**

Prescription Medications ⓘ

If prescription medication is required during school hours a **Medication Permission Form** must be completed by your health care provider. *The form must also be authorized by the student's parent or legal guardian.* Please read the instructions on the form carefully. You will also find this form with instructions under Additional Documents.

Please download the **Medication Permission Form** below, fill it out and upload here after inputting your child's medication.

Does the student require *Prescription* Medication to be administered while at school?   Yes

---

Select a Medication Type   🔘 Over the Counter (OTC)   ⚪ Prescription

Medication Information

Name of Medication *

🔍   Adderall 5 MG Oral Tablet

Date Started *   Reason for Taking It

06/27/2017   ADHD

This medication will be administered by: *
⚪ Student   🔘 Nurse/Staff   ⚪ Off-campus

> * Please download the Medication Permission below, fill it out and upload here.

📄 MEDICATION PERMISSION FORM   UPLOAD DOCUMENT FOR MEDICATION PERMISSION FORM ⬆   ❓

ⓘ Please be sure to provide Abington Friends School (Sample) the medication specified.

OTC Medications: Select the over-the-counter medications you wish your child to receive during school hours.

OTC Medication Permission ⓘ

The following OTC (over the counter) medications are available in our Health Suite. They are dispensed by school personnel with the goal of keeping your student comfortable, so they may remain in school. **These medications DO NOT require a health care provider's signature. Medication will be dispensed according to the manufacturer's recommended dosage.**

I grant permission for my child to receive, as needed, the over-the-counter medications indicated below. School personnel will not be held liable for complications from medication administration. You may be required to provide over-the-counter medication for your child.

YES   Acetaminophen

NO   Benadryl

NO   Cough Drops

NO   Ibuprofen

Additional Documents: Review the directions for each form. Download the necessary forms and then upload them (1) scanning the completed form to your computer and uploading a PDF **or** (2) using your mobile device to take a photo(s) of the care plan and uploading the pictures by signing in with your mobile device.

Tuberculosis Exposure Risk Assessment Questionnaire for New Students

Required for all new students, preschool to grade 12, prior to the start of the school year. This form is completed by the parent or guardian and does not require a doctor's signature.

[TUBERCULOSIS EXPOSURE RISK ASSESSMENT QUESTIONNAIRE FOR NEW STUDENTS ⬇]

Tuberculosis Exposure Risk Assessment Questionnaire for New Students History:

File	Uploaded	Status	Form Type	Session	Up-to-date as of
No history for this document.					

[⬆ UPLOAD REQUIRED DOCUMENT]

Physical Exam Form

The "Physical Exam Form" is required for all new students, AND returning students in K, 7, and 11. (However, for grades 7 and 11 the submission of a current Athletics (PIAA) Physical Form meets the requirement)

[PHYSICAL EXAM FORM ⬇]

Physical Exam Form History:

File	Uploaded	Status	Form Type	Session	Up-to-date as of
No history for this document.					

[⬆ UPLOAD REQUIRED DOCUMENT]

Dental Exam Form

The "Dental Exam Form" is required for all new students, AND returning students entering grades K, 3, and 7.

[DENTAL EXAM FORM ⬇]

Dental Exam Form History:

File	Uploaded	Status	Form Type	Session	Up-to-date as of
No history for this document.					

[⬆ UPLOAD REQUIRED DOCUMENT]

Medical Authorization: Sign and Submit.

Medical Authorization ⓘ

This health history is correct and accurately reflects the health status of the enrollee to whom it pertains. The person described has permission to participate in all organization activities except as noted by me and/or an examining physician. I give permission to the physician selected by the organization to order x-rays, routine tests, and treatment related to the health of my enrollee for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this enrollee. I understand the information on this form will be shared on a 'need to know' basis with organization staff. I give permission to photocopy this form. In addition, the organization has permission to obtain a copy of my enrollee's health record from providers who treat my enrollee and these providers may talk with the program's staff about my enrollee's health status.

☑ Consent for Emergency Medical Services

I give my permission and will electronically sign this statement.

Signature of Custodial Parent/Guardian *   [   ]   **SIGN**

Relationship to Enrollee *   [   ]

SUBMIT

Congratulations your enrollment is now ready for review. You will be notified by email once your nurse has reviewed and approved your enrollment.