CareDox Parent Enrollment Workflow:

The steps in this document detail how a parent can sign up and complete health enrollment for their child on CareDox. Your district and or school may not require all of the sections listed below.
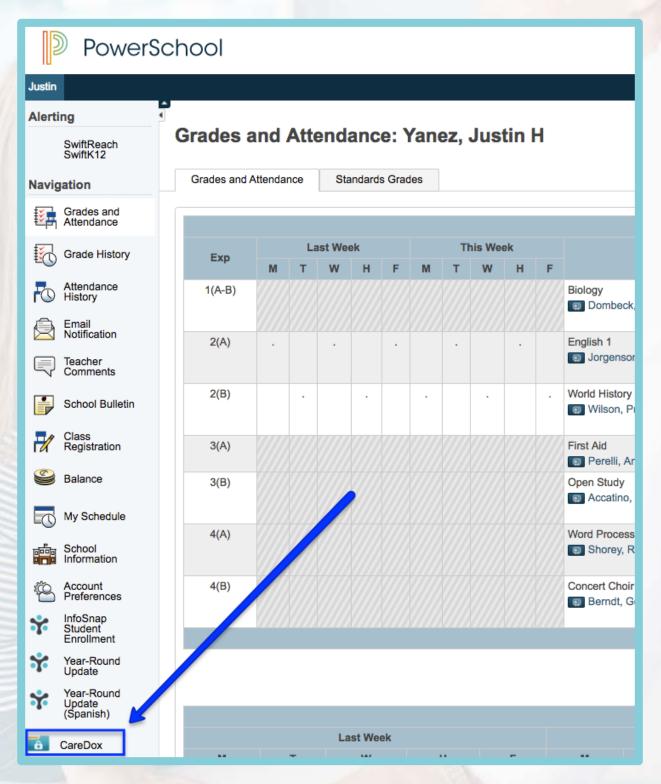
Any section not required should be removed accordingly. If you have any questions about this document, please contact support@caredox.com

Parent Enrollment Workflow
CareDox
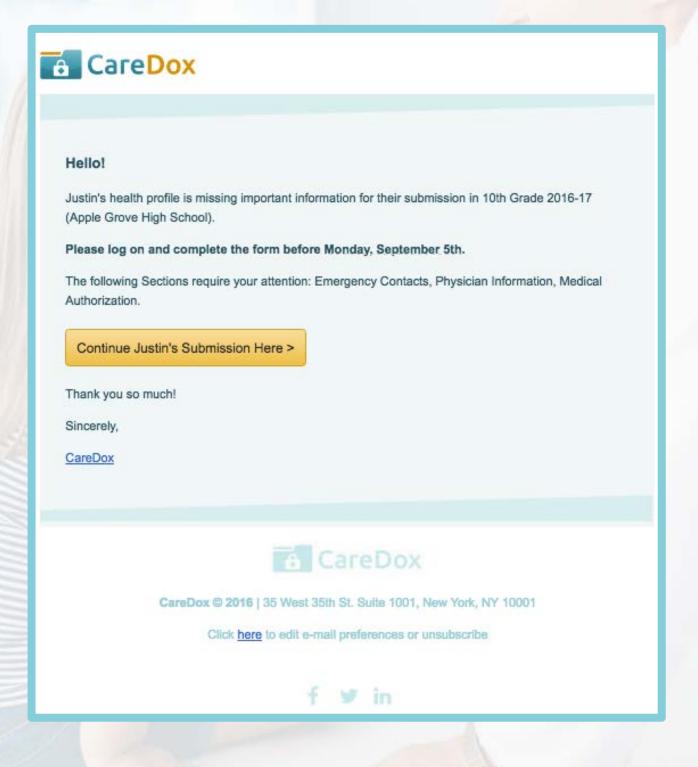
Register through PowerSchool or email

Log into PowerSchool. Once you have completed the standard non-medical aspect of registration, click on the CareDox icon in the left menu bar. This is how you will update your student's health information. Please note that this is a required part of registration.

Register through PowerSchool or email

CareDox will also send you an email invitation. Click on the button link provided in the email to sign up for CareDox. If you have registered in the past, you can also go directly to www.caredox.com and sign in.

CareDox

Hello!

Justin's health profile is missing important information for their submission in 10th Grade 2016-17 (Apple Grove High School).

Please log on and complete the form before Monday, September 5th.

The following Sections require your attention: Emergency Contacts, Physician Information, Medical Authorization.

[Continue Justin's Submission Here >]

Thank you so much!

Sincerely,

CareDox

CareDox

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Click here to edit e-mail preferences or unsubscribe

f 🐦 in

CareDox

Family dashboard

Upon signing in, you will see all of your children listed on your dashboard. Click the **Start Enrollment/Continue Enrollment** button to begin or continue the digital form. If a child is missing from your dashboard, contact support@caredox.com

My Family

Yanez, Justin H
Birthdate: Dec 02, 2000 - View Health Profile
Grade: 10th Grade 2016-17

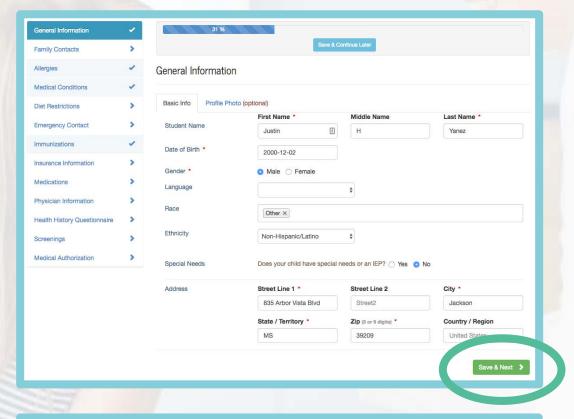| Enrollments	Start Date	End Date	Registration Start Date	Registration Deadline		
Apple Grove High School - 10th Grade 2016-17	5 Sep, 2016	13 Jun, 2017	13 May, 2016	5 Sep, 2016	Started	Continue Enrollment
						77 %

Digital form (general information & family contacts)

Complete all required fields. **Make sure to click Save & Next when you complete each section!** When you successfully complete and save a section, you will see a check mark next to the section name on the left hand menu.

General information and family contact info may be read-only.

Allergies

If your child has an allergy, you may be asked to submit a Care Plan or Action Plan. To submit a Care Plan, download the document, have it completed by a physician, and upload the form.

You can upload a Care Plan (Action Plan) or Required Document using any of the following methods:
- Scan the document to your computer. Then upload it to CareDox.
- Use your mobile device to take photo(s) of the document and upload the photo(s) to CareDox
- Fax it with the cover page (a cover page will be provided along with the downloadable document. Follow the directions on the cover page).

Make sure to click Save and Next after uploading your document!

Medical conditions

As with Allergies, you may be required to submit a Care Plan (Action Plan) depending on your child's condition.

You can upload a Care Plan (Action Plan) or Required Document using any of the following methods:
- Scan the document to your computer. Then upload it to CareDox.
- Use your mobile device to take photo(s) of the document and upload the photo(s) to CareDox
- Fax it with the cover page (a cover page will be provided along with the downloadable document. Follow the directions on the cover page).

In addition to submitting a Care Plan, you can add any medication your child takes for the selected condition.

Immunizations

You may be required to upload an immunization card. If so, please retrieve a copy and upload it to CareDox. You may also find a grid of your child's immunization history (see example below). This grid will give you an idea of what shots your child may be missing.

Emergency Contact

Immunizations ✓

Insurance Information >

Medications >

Physician Information >

Health History Questionnaire >

Screenings >

Medical Authorization >

Uploaded immunization Card:

❯ **Upload Single Document**
Choose File

❯ **Upload Multiple Images**
Upload multiple images to convert to a single PDF document.
Choose Files

Upload

No file for preview

Vaccine Group	Next Dose	1st	2nd	3rd	4th	5th	6th	Total
dtap		04/25/2006	08/17/2006	12/29/2008	11/25/2009			4 of 4
hepa		04/25/2006						-
hepb		04/25/2006	06/26/2006	08/17/2006				3 of 3
mening		06/14/2011						-
mmr		10/21/2008						1 of 2
polio		04/25/2006	08/17/2006					2 of 4
tdap		08/13/2010						-
varicella		10/21/2008						1 of 1

Insurance information (optional in many districts)

Except for districts where this information is required by the state, the insurance section is typically optional. In this section, you can enter applicable insurance information for your child. Then click **Save & Next** at the bottom when you have completed this section.

If your child is not covered by insurance, click "No" and move on to the next section.

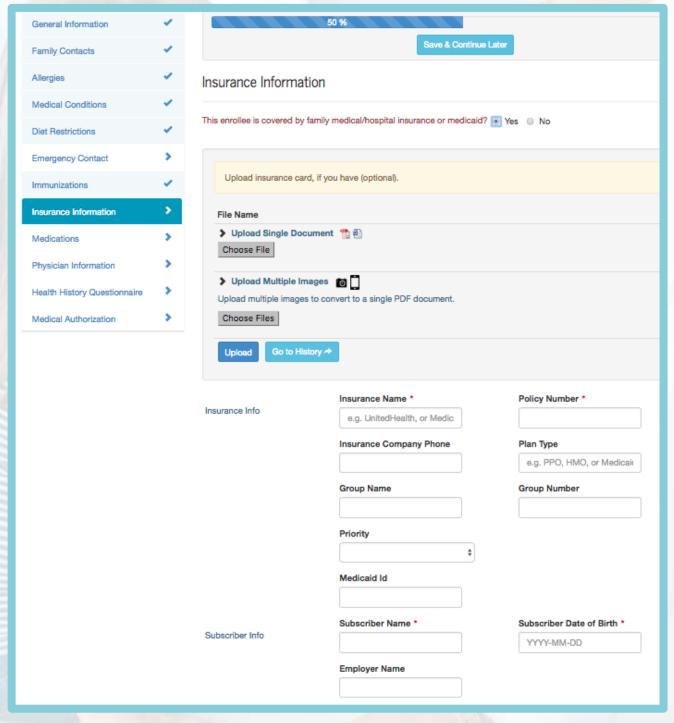|	
General Information ✔	50 %
Family Contacts ✔	Save & Continue Later
Allergies ✔	**Insurance Information**
Medical Conditions ✔	
Diet Restrictions ✔	This enrollee is covered by family medical/hospital insurance or medicaid? ⦿ Yes ◯ No
Emergency Contact ➤	
Immunizations ✔	Upload insurance card, if you have (optional).
Insurance Information ➤	**File Name**
Medications ➤	➤ **Upload Single Document** 📄📄
Physician Information ➤	Choose File
Health History Questionnaire ➤	➤ **Upload Multiple Images** 📷📱
Medical Authorization ➤	Upload multiple images to convert to a single PDF document.
	Choose Files
	Upload Go to History ➤

Insurance Info

Insurance Name *
e.g. UnitedHealth, or Medic

Policy Number *

Insurance Company Phone

Plan Type
e.g. PPO, HMO, or Medicai

Group Name

Group Number

Priority

Medicaid Id

Subscriber Info

Subscriber Name *

Subscriber Date of Birth *
YYYY-MM-DD

Employer Name

Medications

If your child takes medication, check "Yes" and complete the required fields, including Medication Type (Over the Counter or Prescription). You can add multiple medications in this section and a Care Plan associated with the medication.

If your child does not take any medications, select "No" and move to the next section.

Physician information (optional in many districts)

In this section, you can enter any relevant information about your child's physician or primary provider.

CareDox

Health history questionnaire

In this section, you can answer a few brief questions about your child's health history.

2016-17 CareDox Digital Form   Justin H Yanez's enrollment at 10th grade 2016-17   ← Go Back

General Information ✔
Family Contacts ✔
Allergies ✔
Medical Conditions ✔
Diet Restrictions ✔
Emergency Contact ❯
Immunizations ✔
Insurance Information ✔
Medications ✔
OTC Medication Permission ✔
Physician Information ❯
Health History Questionnaire ✔
Medical Authorization ❯

77 %

Save & Continue Later

Health History Questionnaire

Has the student been injured in the past 6 months?   No

Has the student been hospitalized in the past year?   No

Has the student ever suffered a loss of a family member or friend?   No

‹ Save & Previous   Save & Next ›

CareDox

Medical authorization

In the final section, provide your signature, your relationship to the student being enrolled and click **Submit.**

General Information	✔
Family Contacts	›
Allergies	✔
Medical Conditions	✔
Diet Restrictions	›
Emergency Contact	›
Immunizations	✔
Insurance Information	›
Medications	›
Physician Information	›
Health History Questionnaire	›
Screenings	›
Medical Authorization	›

31 %

Last saved at **06:21 pm**   Save & Continue Later

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

Email confirmation

Upon completing your digital form, you will receive an email stating that your submission is complete. If a school staff member needs additional information, you will be notified.

CareDox

Hello!

Your submission for Justin to Apple Grove High School for 10th Grade 2016-17 has been received. Once your submission is reviewed and approved, you will receive a confirmation email.

Please Note:

You are past due as of 2016-06-02 to provide your latest physical exam

If you have any questions, simply email activation@caredox.com.

Click here to update Justin's forms >

Sincerely,

CareDox

CareDox