

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.

PowerSchool

Justin

Alerting

- SwiftReach
- SwiftK12

Navigation

- Grades and Attendance
- Grade History
- Attendance History
- Email Notification
- Teacher Comments
- School Bulletin
- Class Registration
- Balance
- My Schedule
- School Information
- Account Preferences
- InfoSnap Student Enrollment
- Year-Round Update
- Year-Round Update (Spanish)
- CareDox**

Grades and Attendance: Yanez, Justin H

Grades and Attendance | Standards Grades

Exp	Last Week					This Week					
	M	T	W	H	F	M	T	W	H	F	
1(A-B)											Biology Dombeck
2(A)	English 1 Jorgenson
2(B)			World History Wilson, P
3(A)											First Aid Perelli, Ar
3(B)											Open Study Accatino,
4(A)											Word Process Shorey, R
4(B)											Concert Choir Berndt, G

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.



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](#)



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Click [here](#) to edit e-mail preferences or unsubscribe



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	Started	Continue Enrollment
Apple Grove High School - 10th Grade 2016-17	5 Sep, 2016	13 Jun, 2017	13 May, 2016	5 Sep, 2016	Started	<input type="button" value="Continue Enrollment"/>



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!

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

31 %
Save & Continue Later

Allergies

Peanut Allergies Learn More

Does the student have allergies? Yes

▶ Care Plans are optional. If you have one, please download medication care plan(s) below, fill them out and upload here.

Allergy Action Plan
▶

Name	Uploaded at	Description	Edit/View
Allergy Action Plan	2016-05-14	N/A	<div style="display: flex; gap: 5px;"> Upload Delete Manage Document ↗ </div>

Name of Allergy *

Medication - Ibuprofen
▼

First Observed

YYYY-MM-DD

Has epinephrine auto-injector? (ie Epi-Pen)

No

Describe Reaction

Life-threatening

Yes

Remove

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.

- Allergies ✓
- Medical Conditions ✓
- Diet Restrictions >
- Emergency Contact >
- Immunizations ✓
- Insurance Information >
- Medications >
- Physician Information >
- Health History Questionnaire >
- Screenings >
- Medical Authorization >

Medical Conditions

Does the student have any medical conditions?

Chronic or Acute, ranging from frequent colds or upset stomach to whooping cough and Measles.

Condition Info Name *

Asthma

▶ Care Plans are optional. If you have one, please download Asthma care plan(s) below, fill them out and upload here.

📄 Asthma Action Plan

Name	Uploaded at	Description	Edit/View
Asthma Action Plan	2016-05-14	N/A	<div style="display: flex; gap: 5px;"> Upload Delete Manage Document → </div>

+ Add Medication

Medical Devices

+ Add Medical Device

Approx. Onset Date

Stop Date

Notes

Remove

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**

➤ **Upload Multiple Images**

Upload multiple images to convert to a single PDF document.

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 ✓
- Family Contacts ✓
- Allergies ✓
- Medical Conditions ✓
- Diet Restrictions ✓
- Emergency Contact >
- Immunizations ✓
- Insurance Information >
- Medications >
- Physician Information >
- Health History Questionnaire >
- Medical Authorization >

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Save & Continue Later

Insurance Information

This enrollee is covered by family medical/hospital insurance or medicaid? Yes No

Upload insurance card, if you have (optional).

File Name

> Upload Single Document

Choose File

> Upload Multiple Images

Upload multiple images to convert to a single PDF document.

Choose Files

Upload
Go to History ↗

Insurance Info	<p>Insurance Name *</p> <input style="width: 90%;" type="text" value="e.g. UnitedHealth, or Medic"/>	<p>Policy Number *</p> <input style="width: 90%;" type="text"/>
	<p>Insurance Company Phone</p> <input style="width: 90%;" type="text"/>	<p>Plan Type</p> <input style="width: 90%;" type="text" value="e.g. PPO, HMO, or Medicaid"/>
	<p>Group Name</p> <input style="width: 90%;" type="text"/>	<p>Group Number</p> <input style="width: 90%;" type="text"/>
	<p>Priority</p> <input style="width: 90%;" type="text"/>	
	<p>Medicaid Id</p> <input style="width: 90%;" type="text"/>	
Subscriber Info	<p>Subscriber Name *</p> <input style="width: 90%;" type="text"/>	<p>Subscriber Date of Birth *</p> <input style="width: 90%;" type="text" value="YYYY-MM-DD"/>
	<p>Employer Name</p> <input style="width: 90%;" type="text"/>	

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.

- Allergies ✓
- Medical Conditions ✓
- Diet Restrictions ➤
- Emergency Contact ➤
- Immunizations ✓
- Insurance Information ➤
- Medications ➤
- Physician Information ➤
- Health History Questionnaire ➤
- Screenings ➤
- Medical Authorization ➤

Medications

A medication is any substance a person takes to maintain and/or improve their health.

Does the student require medication to be administered while at school? Yes No

Select a Medication Type Over the Counter (OTC) Prescription

Medication Information	<p>Name of Medication *</p> <input type="text" value="Ritalin LA 40 MG 24 HR Extended Release Oral Capsule"/>		
	Date Started *	Reason for Taking It *	
	<input type="text" value="05/14/2016"/>	<input type="text" value="ADHD"/>	
Medication Administration	Amount or Dose *	Strength per unit *	How is it given? *
	<input type="text" value="1"/>	<input type="text" value="40 MG (expressed as M"/>	<input type="text" value="Orally"/>
Medication Scheduling *	When is it given? *		
	<input type="text" value="Lunch x"/>		

This medication will be administered by: *

Student Nurse/Staff Off-campus

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

Physician information (optional in many districts)

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

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

Physician Information

Primary Provider/Doctor	Full Name * <input type="text" value="First or Last Name"/>	Phone <input type="text" value="(999) 999-9999"/>	Email <input type="text"/>
Dentist	Full Name <input type="text" value="First or Last Name"/> X	Phone <input type="text" value="(999) 999-9999"/>	Email <input type="text"/>
Orthodontist	Full Name <input type="text" value="First or Last Name"/> X	Phone <input type="text" value="(999) 999-9999"/>	Email <input type="text"/>
Preferred Hospital	Full Name <input type="text" value="Name"/> X	Phone <input type="text" value="(999) 999-9999"/>	Email <input type="text"/>

+ Add Another Physician

Save & Previous
Save & Next >

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 >

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[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](#)

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 >

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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 *

Relationship to Enrollee *

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.



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](#)

