

Aeries Parent Portal Data Confirmation – Internal Use Only

The following screenshots outline the Aeries Parent Portal Data Confirmation Process:

The screenshot shows the top navigation bar of the Aeries Parent Portal. On the left is the Aeries logo. To its right, the text "2017-2018" and "Valley View Middle School" is displayed. Below this, a horizontal menu contains the links: "Home", "Student Info", "Attendance", "Grades", and "Change Student". A yellow banner at the bottom of the header area contains the text: "You have not yet completed the Student Data Confirmation Process. [Click Here](#) to confirm the information about your student." A red oval highlights the banner, and a red arrow points from the text "Step 1 – Family Information:" below to the "Click Here" link.

Step 1 – Family Information:

The parent needs to answer the following questions and then click the **Confirm and Continue** button:

This screenshot displays the "Family Information" section of the data confirmation process. At the top, a message states: "Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully." On the left is a vertical sidebar with seven numbered steps: 1. Family Information (highlighted), 2. Student, 3. Contacts, 4. Medical History, 5. Documents, 6. Authorizations, and 7. Final Data Confirmation. The main content area for "Family Information" contains two questions. The first question asks if at least one parent/guardian is active in the United States Armed Forces, with "No" selected. The second question asks for the type of residence, with "None of the above" selected. At the bottom left of the sidebar, a green "Confirm and Continue" button is circled in red.

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

1 Family Information

2 Student

3 Contacts

4 Medical History

5 Documents

6 Authorizations

7 Final Data Confirmation

Confirm and Continue

Please select whether or not at least one parent/guardian of this student is active in the United States Armed Forces:

☐ Yes, at least one parent/guardian of this student is active in the United States Armed Forces.

☒ No, this student does not have a parent/guardian who is active in the United States Armed Forces.

Please select one of the following options to complete the residence survey:

☐ **Temporary Shelters**
A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.

☐ **Hotels/Motels**
A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.

☐ **Temporarily Doubled Up**
A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.

☐ **Temporarily Unsheltered**
A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.

☒ **None of the above**
You may select this option if none of the above home situations apply to this student.

Step 2 – Income

To decline to respond to the Income Survey, the parent needs to click the **Confirm and Continue** button without answering the questions.

The screenshot shows a web form for the 'Income' step. On the left is a vertical sidebar with steps: Family Information (checked), Income (2), Student (checked), Contacts (checked), Medical History (checked), Documents (checked), Authorizations (7), and Final Data Confirmation (8). The 'Income' step is active. The main content area has two questions. The first, 'How many people are in your household?', has radio button options for 1, 2, 3, 4 (selected), 5, and More. The second, 'What is your total monthly household income?', has radio button options for '\$2720 or less', '\$2721 - \$3870', and '\$3871 or greater'. At the bottom left of the form, the 'Confirm and Continue' button is highlighted with a red oval.

The parent will see the following pop-up if they decline to respond to the Income Survey:

The screenshot shows a modal dialog box titled 'Income Survey' with a close button (X) in the top right corner. The text inside reads: 'Are you sure you want to continue, this will indicate that you've declined to state your income levels?'. At the bottom, there are two buttons: 'Decline To Respond' and 'Complete the Survey'.

The parent will see the following pop-up if they respond to the Income Survey:

The screenshot shows a modal dialog box titled 'Confirm' with a close button (X) in the top right corner. The text inside reads: 'Please make sure this information is correct. Once it is submitted it will not be editable.'. At the bottom, there are two buttons: 'OK' and 'Cancel'.

Step 3 - Student

For address changes, the parent needs bring in proof of residency at the new address, such as a utility bill, to their child's school.

✓ Family Information

✓ Income

3 Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

Address changes require proof of residency at the new address such as a utility bill. Please bring in the proof of residency to your child's school for the address to be changed in Aeries.

Student Demographics		
		Notes
Mailing Address	101 W Cochran St Simi Valley CA 93063	Changes to this information will NOT be saved in the system. Instead, the new information will be emailed to the school and the school will contact you for additional information.
Residence Address (if different than Mailing Address)	101 W Cochran St Simi Valley CA 93063	Changes to this information will NOT be saved in the system. Instead, the new information will be emailed to the school and the school will contact you for additional information.
Primary Phone	(805) 555-1234	
Student's Mobile		
Correspondence Language	English	Letters and Report Cards sent home from the school will be sent in this language. Not all languages listed are supported by the district.
Parent Highest Education Level	College Graduate	
Change		

Step 4 – Contacts

A student's parent/guardian Contacts should be entered by school personnel so that all of the necessary fields are set up correctly such as the **ParentLink/Blackboard** and **Portal?** Flags.

The parent can use the **Change** and **Add** buttons to make changes to their child's Emergency Contacts.

✓ Family Information

✓ Income

✓ Student

4 Contacts

5 Medical History

6 Documents

7 Authorizations

8 Final Data Confirmation

Confirm and Continue

Please include one contact that is not a parent.

Select Record to Change

Name	Address	Relation
Ethyl Mertz	101 W Cochran St	Mother
Fred Mertz	101 W Cochran St	Father

Change

Add

Contact Details		
		Notes
Name	Ethyl Mertz	This field is used to address mailings from the school if applicable.
First Name	Ethyl	
Last Name	Mertz	
Relationship to student	Mother	
Telephone Number	(805) 555-9876	
Work Phone Number	(805) 555-6543 Ext 1234	
Cell phone number	(805) 555-9876	

Step 5 – Medical History

The parent can select medical conditions that apply to their child and then click the **Save** button:

Medical Data Saved at 7/18/2018 4:42:21 PM.

Any condition checked here must be medically diagnosed and documentation must be provided to the school site by the parent. Please make sure to list any medications that accompany any medical condition in the comments section. Any other medications or conditions not listed, please report to your school's health office directly.

Condition	Effective Date	Age	Grade	Comment
Allergy, nuts - Severe	07/18/2018	0	0	Has EpiPen.

Save

Additional Conditions
Please Check All That Apply

☐ Anaphylaxis/Epi-pen	☐ Autism Spectrum Disorder	☐ Lactose Intolerance
☐ ADD/ADHD	☐ Cerebral Palsy	☐ Migraine and other headaches
☐ Adverse drug reaction	☐ Concussion	☐ Neurological Impairment
☐ Allergy, nuts - Mild	☐ Congenital/Birth Abnormalities	☐ Oncology (Cancer) Condition
☐ Allergy, nuts - Moderate	☐ Diabetes, Type I	☐ Organ Transplant
☐ Allergy (other) - Mild	☐ Diabetes, Type II	☐ Other Health Concerns
☐ Allergy (other) - Moderate	☐ Digestive Problems	☐ Respiratory Condition
☐ Allergy (other) - Severe	☐ Emotional/Mental Health Concerns	☐ Scoliosis
☐ Asthma - Mild	☐ Hearing Concerns	☐ Seizures
☐ Asthma - Moderate	☐ Heart Disease	☐ Speech Difficulty
☐ Asthma - Severe	☐ Immune System Abnormalities	☐ Vision Concerns - Glasses/Contacts

Save

Step 6 – Documents

The parent must click the box to the right of the **Parent Rights and Responsibilities Document** in order to continue to Step 7. Please note: each of the high schools have an additional document that parents must acknowledge in order to continue. Parents can download the additional documents listed in this Document section as needed.

By checking the box to the right of the Parent's Rights and Responsibilities document, you are acknowledging that you have read and understand the information contained in that document and understand that it serves as an electronic signature adhering to the policies of the Simi Valley Unified School District. The forms underneath must be completed if your student has any of these considerations.

Documents
2018-2019 Parent's Rights and Responsibilities By checking the box, you confirm you have received and reviewed the Parent's Rights and Responsibilities.
Authorization for any Medication Taken During School Hours If your child needs to take medication, while at school, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office. Note: Simi Valley Unified School District maintains a drug free policy for school campuses, therefore all medications will be secured in the school health office, unless otherwise prescribed by the physician.

 Autorización para Tomar Medicina Durante el Horario Escolar

Si su hijo o hija necesita tomar medicina en la escuela, usted debe llenar este formulario y debe ser firmado por el padre de familia o tutor legal y el médico, y debe ser entregado a la oficina de salud de la escuela. AVISO: El Distrito Escolar Unificado de Simi Valley mantiene la regla de tener escuelas libres de drogas, por lo tanto, todas las medicinas estarán bajo llave en la oficina de salud, a no ser que tengamos otras instrucciones de parte del médico.

 Readmission after Injury, Illness Or Surgery

If your child is returning to school after injury, illness or surgery and will need to use casts, crutches, wheelchair, stitches, elastic bandages or slings, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office.

 Readmisión a Clases Después de un Accidente, Lesión, Cirugía

Si su hijo o hija regresa a la escuela después de tener un accidente, lesión y/o cirugía y necesita usar yeso, muletas, silla de ruedas, suturas, vendajes, o cabestrillos, usted debe llenar este formulario y debe ser firmado por el padre de familia o tutor legal y el médico, y debe ser entregado a la oficina de salud de la escuela.

 Allergy Health Record

If your child has allergies, please complete this form and give it with any medications and authorization forms to your school health office. See also "Medication Authorization" and "Allergy Emergency Plan" if necessary.

 Actualización del Registro de Salud para Alergias

Si su hijo o hija sufre de alergias, por favor llene este formulario y entréguelo con toda la medicina y la autorización necesaria a la oficina de salud de la escuela. Ver también "autorización para medicina" y "plan de emergencia en caso de alergias", si es necesario.

 Allergy Emergency Plan

If your child has severe allergies and uses emergency medications, please have your physician complete this form and give it to your school health office.

 Plan de Emergencia en Caso de Alergias

Si su hijo o hija sufre de alergias graves y usa medicina en caso de una emergencia, por favor haga que su médico llene este formulario y entrégueselo a la oficina de salud de la escuela.

 Asthma Health Record

If your child has asthma, please complete this form and give it to your school health office. See also "Medication Authorization" if medication is needed at school.

 Asma - Información al Día de Salud

Si su hijo o hija tiene asma, por favor llene este formulario y entréguelo a la oficina de salud de la escuela. Ver también "autorización para medicinas", si necesita tomar medicina en la escuela.



Diabetes Physician Authorization

If your child has diabetes, this form must be completed and signed by both the parent/guardian and the physician, and given to your school health office.



Diabetes – Autorización del Médico para el Cuidado de Salud en la Escuela

Si su hijo o hija tiene diabetes, este formulario debe ser lleno y debe ser firmado por el padre de familia o tutor legal y el médico, y debe ser entregado a la oficina de salud de la escuela.



Seizure Information/Contact Sheet

If your child has seizures, please complete this form and give it to your school health office.



Hoja de Información y Contacto en Caso de Convulsiones

Si su hijo o hija sufre de convulsiones, por favor llene este formulario y entréguelo a la oficina de salud de la escuela.



Industrial Arts – Stagecraft – Drama Informed Consent



SVUSD Concussion Info Sheet



Información acerca de las concusiones cerebrales

Step 7 - Authorizations

Parents need to answer the following questions and then click the **Confirm and Continue** button:

✓ **Contacts**

✓ **Medical History**

✓ **Documents**

7 **Authorizations**

8 **Final Data Confirmation**

Confirm and Continue

Authorizations and Prohibitions	Status
Description	Status
* Acknowledgement of Student Acceptable Use Policy Please check "YES" to confirm you have read the Student Acceptable Use Policy in the Parents' Rights Handbook and understand it clearly. You also confirm that you have read with and explained to your child the Student Acceptable Use Policy so that he/she understands it clearly.	☐ Yes ☐ No
* Acknowledgement of Portable Device Guidelines Please check "YES" to confirm that you read and understand the Portable Device Guidelines outlined by the Simi Valley Unified School District in the Parents' Rights Handbook.	☐ Yes ☐ No
* Authorization for Emergency Medical Treatment In case of an accident or emergency, and the parent or guardian of the minor cannot be reached, I authorize Simi Valley Unified School District, to give emergency medical treatment. This may include transportation (ambulance) to the nearest Hospital and/or emergency room. Under the care of the physician, emergency treatment may include: x-ray examination, anesthesia, and/or dental surgical treatments. In cases where emergency medical treatment is life threatening, the school is required to call 911.	☐ Yes ☐ No
* Parent Internet and Media Release for District Purposes I give my permission to use my child's name, work and/or image for Simi Valley Unified School District purposes, including, but not limited to, the District's website, school website, social media or print product for Simi Valley Unified School District purposes. I further understand there would be no compensation paid for any inclusion of my child in District's materials.	☐ Yes ☐ No
* Parent Internet and Media Release for Outside Media Purposes I give my permission for area media members to feature my child—name and/or image—in their reporting of happenings on Simi Valley Unified School District campuses and at events.	☐ Yes ☐ No
* Consent for Directory Information to be Released to PTA/PTSA Please check "NO" if you request the PTA/PTSA NOT be given the name, address and telephone number of your student.	☐ Yes ☐ No
* Consent for Directory Information to be Released to Health Department	☐ Yes ☐ No
* Consent for Directory Information to be Released to Elected Officials	☐ Yes ☐ No
* Consent for Directory Information to be Released to United States Armed Forces	☐ Yes ☐ No
* Consent for Directory Information to be Released to College, Universities, Trade Schools or Other Educational Institutions	☐ Yes ☐ No
* Annual Pesticide Notification Request Please check "YES" if you wish to be pre-notified every time a pesticide application is to take place at the school. If you DO NOT need to be notified, please check "NO".	☐ Yes ☐ No
* Consent to Participate in an Education Project Involving the Harmful or Destructive Use of Animals	☐ Yes ☐ No
* Consent for Physical Exam	☐ Yes ☐ No
* Consent for HIV/AIDS Prevention Education	☐ Yes ☐ No
* Response Required	
Save	

Please note that the parents of secondary students will have more Authorizations to accept/deny.

Step 8 – Final Data Confirmation

The parent needs to click the **Finish and Submit** button:

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

✓ Family Information	Thank you for completing the Simi Valley Unified School District Parent's Rights and Responsibilities forms. Please contact your school office should you have any questions or need further assistance.
✓ Income	
✓ Student	
✓ Contacts	
✓ Medical History	
✓ Documents	
✓ Authorizations	
8 Final Data Confirmation	

Finish and Submit

Once the parent has reached this screen they have completed the Data Confirmation Process:

Please make sure to complete all the information requested in the sections on the left side of your screen. If you do not complete each section, you will not be able to complete the Student Data Confirmation Process successfully.

✓ Family Information	Thank you for confirming the student data in the system. Thank you for completing the Simi Valley Unified School District Parents' Rights and Responsibilities forms. Please contact your school office should you have any questions
✓ Income	
✓ Student	Print New Emergency Card
✓ Contacts	
✓ Medical History	
✓ Documents	
✓ Authorizations	
✓ Final Data Confirmation	

Aeries Data Confirmation Status Report

Please run the **Data Confirmation Status Report** until all of the students at your school have their Data Confirmed for 2018-2019.

1. Login to your school, go to **Reports** and run the **Data Confirmation Status Report**:

The screenshot shows the Aeries Student Information System interface. On the left sidebar, the 'Reports' menu item is circled in red. The main content area shows the 'Reports' section with a list of reports. The 'Data Confirmation Status' report is highlighted with a red circle. The report is listed under the 'Student Data' category. The interface also shows a search bar, a filter dropdown, and a report format dropdown.

2. Select your parameters for running the report and then click the **Run Report** button:

The screenshot shows the 'Print Information Confirmation Status Report Options' dialog box. The 'Run Report' button at the bottom is circled in red. The dialog box allows users to select the report format (PDF), report delivery (None), and print options (Include All Students, Only Students Without All Data Confirmed, Only Students With All Data Confirmed). It also allows users to select the sort order (By Student Name, By Student Grade, By Teacher).

Arroyo Elementary School

7/19/2018

2018-2019

STUDENTS WITH UNCONFIRMED DATA

Page 1

Stu ID	Name	GR	Authorizations	Medical History	Contacts	Student	Family Info	Final Conf
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Documents

Go to **“Document Download/ Conf Log”** under **“Other”** to see if the parent has acknowledged the **Parent’s Rights and Responsibilities Document**:

The screenshot shows the Aeries Student Information System interface. On the left sidebar, under the 'Other' category, 'Document Download / Conf Log' is highlighted with a red circle. The main content area displays the 'Document Download / Conf Log' page for student Lucy Ricardo. The page shows a table with the following data:

Title	Document	Action	Date/Time
2017-2018 Parent's Rights and Responsibilities	2017-2018 Parents Rights and Responsibilities.pdf	Confirmed Document	9/29/2017 3:16:41 PM

Authorizations

Go to **“Authorizations”** under **“Other”** to see if the parent has completed the **Authorizations**:

The screenshot shows the Aeries Student Information System interface. On the left sidebar, under the 'Other' category, 'Authorizations' is highlighted with a red circle. The main content area displays the 'Authorizations' page for student Lucy Ricardo. The page shows a table with the following data:

Date	Type	Status Date	End Date	Status	Code	Source	Comments	Copy
9/29/2017	1 - Prog Participation Authorization or Prohibition	9/29/2017		Yes/Accepted	Parent Internet and Media Release for District Purposes	jean.wong@simivalleyusd.org		
9/29/2017	1 - Prog Participation Authorization or Prohibition	9/29/2017		Yes/Accepted	Parent Internet and Media Release for Outside Media Purposes	jean.wong@simivalleyusd.org		
9/29/2017	1 - Prog Participation Authorization or	9/29/2017		Yes/Accepted	Consent for Directory Information to be Released to PTA/PTSA	jean.wong@simivalleyusd.org		

Aeries Queries - Authorizations

The following are Aeries Queries are already loaded on your school site that you can run to get lists of parents who have Accepted or Denied the first seven Authorizations:

AUP

AUP – Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 15 AND AUT.ST = 1

AUP – No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.DT AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 15 AND AUT.ST = 2

Portable Device Use

Portable Device Use – No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 16 AND AUT.ST = 2

Portable Device Use – Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 16 AND AUT.ST = 1

Emergency Medical Treatment

Emergency Medical Treatment – No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.DT AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 10 AND AUT.ST = 2

Emergency Medical Treatment – Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.DT AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 10 AND AUT.ST = 1

District Internet and Media Release

District Internet and Media Release - Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 02 AND AUT.ST = 1

District Internet and Media Release - No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 02 AND AUT.ST = 2

Outside Media Release

Outside Media Release - Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 03 AND AUT.ST = 1

Outside Media Release - No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 03 AND AUT.ST = 2

Directory Information to be Released to PTA

Directory Information to be Released to PTA - Yes

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 04 AND AUT.ST = 1

Directory Information to be Released to PTA - No

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND AUT.CD = 04 AND AUT.ST = 2

Pesticide Notification Request

Pesticide Notification Request - Yes/Accepted

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND
AUT.CD = 09 AND AUT.ST = 1

Pesticide Notification Request - No/Denied

LIST STU AUT STU.ID STU.GR STU.NM AUT.CD? AUT.ST? BY STU.NM IF AUT.EED = NULL AND
AUT.CD = 09 AND AUT.ST = 2

Aeries Student Emergency Card Report

Please follow these steps to print **Student Emergency Cards**:

1. Login to your school, go to **Reports** and run the **Student Emergency Card** Report:

The screenshot shows the Aeries Student Information System interface. The top navigation bar includes the Aeries logo, a search bar, and a dropdown menu for the school year (2018-2019) and school name (Crestview Elementary School). The left sidebar contains navigation links for Pages, Reports, and Favorites. The main content area is titled 'Reports' and includes tabs for All Reports, Report History, and Custom Reports. A filter is set to 'Student Data' and 'emergency card'. The 'Report Format' is set to 'PDF - Adobe Portable Document Format' and 'Report Delivery' is set to 'None'. The 'Student Group' is set to 'No Group Selected'. A table lists reports, with 'Student Emergency Card' highlighted by a red circle. The table has columns for 'Report Name' and 'Category'.

Report Name	Category
Student Emergency Card	Student Data

2. Select your parameters for running the report and then click the **Run Report** button:

The screenshot shows the 'Print Student Emergency Card Report Options' dialog box. It has a teal header with the title. Below the header, there are dropdown menus for 'Report Format' (set to PDF) and 'Report Delivery' (set to None). A red text message states: 'A KEEP/SKIP query is recommended to run this report against large schools.' Below this, there is a 'Sort By' section with radio buttons for 'Student Name' (selected), 'Grade', and 'Counselor'. At the bottom, there are two columns of checkboxes for report content: 'Print Contact's Red Flag' (checked), 'Print Student Picture' (checked), 'Print Siblings Information' (checked), 'Print Medical Information' (checked), 'Include Inactive Students' (unchecked), 'Print Authorizations' (checked), 'Print Student Schedule' (unchecked), 'Print Two Signature Lines' (unchecked), 'Double Side Printing' (unchecked), and a note '(blank pages are added as needed)'. The 'Run Report' button is highlighted with a red circle.

2018-2019

Student Emergency Card

7/19/2018

Student Information

Page 1

Student ID	Last Name	First Name	Middle Name	Sex	Grade	Birthdate
233045	Ricardo	Lucy		F	6	02/20/2007
Resid Address	101 W Cochran St Simi Valley, CA 93063	Student's Mobile (805) 555-1111				
Mailing Address	101 W Cochran St Simi Valley, CA 93063	Student's Email				
Birth Place	Simi Valley, California - United States Of America	Counselor Unassigned				



Parent/Guardian Information

Ethyl Mertz	Primary Phone (805) 555-1234
Language: English	Primary Contact 1:
	Primary Contact 2:

Emergency Contacts

Ethyl Mertz (lives with)	Mobile (805) 555-9876	Corr Lang English
Mother	Phone (805) 555-9876	Work (805) 555-6543 Ext.1234
jean.wong@simivalleyusd.org		
Fred Mertz (lives with)	Mobile (805) 555-2222	Corr Lang English
Father	Phone (805) 555-5555	
happygolucky@hotmail.com		

Siblings Information

Medical Information

Health Problem:

Status	Description	Grade	Age	Date	Start Date	End Date
	Allergy, nuts - Severe	3	8	07/06/2018	07/06/2018	
Parent Comment: Has epi-pen						

Authorizations

Authorization Type	Authorization Code	Date	Status Dt	Status
1 Prog Participation Authorization or	15 Acknowledgement of Student Acceptable l	07/18/2018	07/18/2018	Yes/Accepted
1 Prog Participation Authorization or	16 Acknowledgement of Portable Device Guid	07/18/2018	07/18/2018	Yes/Accepted
1 Prog Participation Authorization or	10 Authorization for Emergency Medical Treat	07/18/2018	07/18/2018	Yes/Accepted