To access the SNAP Health Portal, you will need to log into your PowerSchool Student and Parent Portal.

- 1. Go to the following web address: https://stonington.powerschool.com/public/pw.html
- 2. Sign into your account using your Username and Password information. Your child has their own Username and Password. Please do not share your account information with your child. As a parent, you have access to options that your child doesn't.

| werSchool SIS    |               |               |    |        |
|------------------|---------------|---------------|----|--------|
|                  |               |               |    |        |
| dent and Pa      | erent Sign    | In            |    |        |
|                  | irent olgi    |               |    |        |
| In Create Accour | nt            |               |    |        |
|                  |               |               |    |        |
| name             |               |               |    |        |
| word             |               |               |    |        |
|                  | Forgot Userna | me or Passwor | d? |        |
|                  |               |               |    | Sign I |
|                  |               |               |    | Ogin   |

3. If you have more than one child, please select the tab at the top for the child you wish to access records for.

| PowerSc                  | hool SIS                                    | Welcome, Tester Test   Help   Sign Out |
|--------------------------|---|--|
| Student                  |   | Ø ± ! ♣                                |
| Navigation               | Grades and Attendance: Test, Student Middle |  |
| Grades and<br>Attendance |   |  |
| Grade History            | Grades and Attendance                       |  |
| Attondance               | Attendance Bv Class                         |  |

4. To reach the SNAP Health Portal, select the box with the diagonal arrow. This will open a new navigation panel on the right. Select SNAP Health Portal

|              | 2 ± ! 🛎                                 |       |
|--------------|---|-------|
|              |   |       |
|              |   |       |
| pplications  |   | Close |
| Applications | Description                             | Close |
|              | Description<br>SchoolMint Re-Enrollment | Close |

5. Read the Announcements, select Close, and then select Forms.

| SNAP THEALTH PORTA  | L.  | G Select Language   | Student Middle Test 🍟 - | -             |                 |
|---|---|---|-------------------------|---------------|-----------------|
| Health Record   | Demographics  |   |                         |               |                 |
| Demographics<br>Contacts                                  | This page displays basic student demographic information in your student's health record. The s "Some features may not be available based on district policy."  | ections listed below may be edited unless re  | stricted by the school. |               |                 |
| Health Conditions<br>Vaccines                             | Enrollment<br>Grade: 10   | School name:  | Stonington High School  |               |                 |
| Medications<br>Charts<br>Screenings<br>Letters<br>Messace | Place of Birth: Race: Primary Address: 40 Field St Apt 1 Pawcaluck CT, 00379 Primary Phone: Announcements Insurance Informa To Complete Registration: Under Health Record, on left Forms for further instruction. | Primary Language:<br>Ethnicity:<br>Alternate Address:<br>,<br>hand side of screen, click on | English (001)           | <b>₽</b> Edit | F e e d b a c k |
| Forms   | Company:<br>Owner:<br>Permissions<br>Lagree to give the school permission to  | Close   | rgency                  |               |                 |
|   | Do Not Release To the Following People:   |   |                         | Z Edit        |                 |
|   |   |   |                         |               |                 |

6. Select Download for instructions on how to complete the 4-step health requirements for student registration.

|   | RTAL |  |   |  | G Select Language 🔻           | Student Middle Test 🍟 🗸 |             | <u>ب</u>   | -                                     |
|---|------|--|---|--|-------------------------------|-------------------------|-------------|------------|---------------------------------------|
| Health Record                                 |      | Forms  |   |  |                               |                         |             |            |                                       |
| Demographics<br>Contacts<br>Health Conditions |      | Clicking the <b>Return Now</b> butto<br>• If you filled out and sa | on will allow you to sign or submit<br>wed a form, select <b>Submit ret</b> | ealth office. You may be asked by the health<br>t a return form.<br>turn for, then browse to the form you sa<br>Only and then select Approve or Declin | ved and click Open.           |                         | n for Appre | oving/Decl | lining.                               |
| Vaccines                                      |      | Title  | Revised   | Notes  |                               |                         |             |            |                                       |
| Medications<br>Charts                         |      | SPS Kindergarten & New<br>Student Registration                     | 3/10/2022 9:05:06 AM  | To Complete Registration, click on do  | ownload to view instructions. | Download                | )           |            | F                                     |
| Screenings                                    |      |  |   |  |                               |                         |             |            | i i i i i i i i i i i i i i i i i i i |
| Letters<br>Messages                           |      |  |   |  |                               |                         |             |            |                                       |
| Forms   |      |  |   |  |                               |                         |             |            |                                       |
|   |      |  |   | naccuracies please contact, or send a <u>messa</u><br>Use of this website constitutes acceptance o   |                               |                         |             |            |                                       |

- 7. Health Requirements Step #1: Select Health Conditions
  - For **New Student Registration**, if your child has health conditions the school should be aware of, select the green +Add, enter the information, and then select Save. You may add as many Health Conditions as necessary.
  - For **Returning Student Registration**, your child's health conditions are prepopulated. Please review and edit or add health conditions.

| SIYAP 🕃 HEALTH PORT   | AL                              | G Select Language V Student Mit  | idle Te | iest 🏌 🔹 🛋 🗼                         |   |
|---|---------------------------------|--|---------|--------------------------------------|---|
| Health Record   | Allergies                       | /Conditions  |         |                                      |   |
| Demographics  | This page<br>document           | Add/Edit Health Condition  | ×       | ions as well as upload or view proof |   |
| Health Conditions<br>Charts<br>Screenings<br>Lotters<br>Forms | Please c<br>Name<br>* Gray/Ital | When editing a condition, only the following fields can <i>not</i> be changed: Aliergy/Condition, Onset. The Proof button will allow you to download an attachment verifying the students condition.  Allergy/Condition  Onset  Current Condition  Current Condition  Note |         | t Shared                             | + Add<br>F e<br>e d<br>b<br>a<br>c<br>k |
| тол   | FE: All conten                  | Allow sharing with other staff (e.g. teachers) <b>O</b><br>Set proof of condition <b>O</b> : Choose File no file selected  |         | eu cannot make.                      |   |
|   |                                 | Close  | ave     |                                      |   |

8. Once you have finished editing or adding health conditions, review the data you have entered and if necessary, make corrections. If the data is accurate, select Confirm

| SNAP 🕄 HEALTH PORTAL     |   |                                | G Select Language V                   | Student Middle Test 👕 🗸                |                  |        |  |
|--------------------------|---|--------------------------------|---------------------------------------|--|------------------|--------|--|
| Health Record            | Allergies/Conditions  |                                |                                       |  |                  |        |  |
| Demographics<br>Contacts | This page shows all of your child's past and documents.   | current allergies and other co | onditions. It allows you to add new a | nd edit existing conditions as well as | upload or view p | roof   |  |
| Health Conditions        | Please confirm that the health condition d  | etails below are accurate.     |                                       | Confirm                                |                  | + Add  |  |
| Vaccines                 | Name  | Date                           | Notes                                 | Attachment                             | Shared           |        |  |
| Charts<br>Screenings     | Allergy-Bee- systemic reaction  | 9/1/2017                       | Anaphylactic                          |  |                  | ✓ Edit |  |
| Letters                  | Allergy-food  | 9/1/2015                       | Strawberries and bananas              |  |                  | Edit b |  |
| Messages                 | * Gray/Italic text indicates conditions that ar   | e no longer current.           |                                       |  |                  | c<br>k |  |
| Forms                    |   |                                |                                       |  |                  |        |  |
|                          |   |                                |                                       |  |                  |        |  |
| гои                      | NOTE: All content is provided by your child's school. For any inaccuracies please contact, or send a message to, the nurse regarding corrections you cannot make.<br>Copyright © 2022, PSNI All rights reserved. Use of this website constitutes acceptance of our Terms Of Use and Privacy Policy. |                                |                                       |  |                  |        |  |

- 9. Health Requirements Step #2: Select Vaccines
  - Select Proof of Vaccination
  - Select Upload Proof of Vaccinations
  - Drag and drop the document or click to browse and add the document

|                     | RTAL  |  | G Select Language V                     | Student Middle Test 🍟 🗸 |       | ÷             |
|---------------------|---|--|---|-------------------------|-------|---------------|
| lealth Record       | Vaccines  |  |   |                         |       |               |
| emographics         | This page shows your child's vaccination record and aler  |  | or or any upcoming doses.               |                         |       |               |
| ontacts             | The Upload Proof of Vaccination button allows you to atta | ach documents showing proof of vaccination.        |   |                         |       |               |
| ealth Conditions    |   |  |   |                         | - ( P | roof of Vacci |
| accines             |   | No vacci   | ines to show.                           |                         |       |               |
| culoalionS          |   |  |   |                         |       |               |
| narts               |   |  |   |                         |       |               |
| reenings            |   |  |   |                         |       |               |
| tters               |   |  |   |                         |       |               |
| essages             |   |  |   |                         |       |               |
| orms                |   |  |   |                         |       |               |
|                     | NOTE: All content is provided by your child's school, i   | For any inaccuracies please contact, or send a m   | nessage to, the nurse regarding correct | tions you cannot make.  |       |               |
|                     | Copyright © 2022, PSNI All rights r                       | reserved. Use of this website constitutes acceptar | nce of our Terms Of Use and Privacy F   | 'olicy.                 |       |               |
|                     |   |  |   |                         |       |               |
|                     |   |  |   |                         |       |               |
|                     |   |  |   |                         |       |               |
|                     |   |  |   |                         |       |               |
|                     | Proof of Vaccination -                                    |  |   |                         |       |               |
|                     | Tool of vaccination                                       |  |   |                         |       |               |
|                     |   |  |   |                         |       |               |
| ↑ Upload P          | roof of Vaccination                                       |  |   |                         |       |               |
|                     | F   |  |   |                         |       |               |
|                     |   |  |   |                         |       |               |
|                     | e   |  |   |                         |       |               |
|                     | e<br>e<br>d   |  |   |                         |       |               |
|                     | e<br>d<br>b   |  |   |                         |       |               |
|                     | e<br>d<br>b<br>a  |  |   |                         |       |               |
|                     | e<br>d<br>b   |  |   |                         |       |               |
|                     | e<br>d<br>b<br>a  |  |   |                         |       |               |
|                     | e<br>d<br>b<br>a  |  |   |                         |       |               |
| Jpload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | ×  |   |                         |       |               |
| Upload Proof of Vac | e<br>d<br>b<br>a<br>c<br>k                                | Close  |   |                         |       |               |

# 10. Health Requirements **Step #3: Select Screenings**

- Select Upload Proof of Physical
- Drag and drop the document or click to browse and add the document

| SNAP 👽 Health Portai                          | L   |  |         |                      | G Select Language   🔻 | Student Middle Test 🍟 🗸 |        | , 🌲 -        | 2         |
|---|---|--|---------|----------------------|-----------------------|-------------------------|--------|--------------|-----------|
| Health Record                                 | Screenings  |  |         |                      |                       |                         |        |              |           |
| Demographics<br>Contacts<br>Health Conditions | This page shows screenings your or<br>Clicking ♥ will allow you to view or to<br>Clicking the <b>Upload Proof of Phys</b> | o close screening detail.  |         | -                    | n.                    |                         | (↑ Upi | oad Proof of | f Physica |
| Vaccines<br>Medications                       | Screening 🚯   | Date   | Grade 🚯 | Results              | Recheck               | Attachment 🕕            | $\sim$ |              | /         |
| Charts  | Letter mailed home- needs PE  | 11/11/2021   | 10      | Within Normal Limits |                       |                         | s      | how Details  | ×         |
| Screenings                                    |   |  |         |                      |                       |                         |        |              |           |
| Messages                                      |   |  |         |                      |                       |                         |        |              |           |
| Forms   |   |  |         |                      |                       |                         |        |              |           |
|   |   | y your child's school. For any ina<br>2022, PSNI All rights reserved. Us |         |                      |                       |                         |        |              |           |

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| Upload I | Proof of Physical  | ×  |
|----------|--|----|
|          | Drop or click here to upload                                 |    |
|          | Accepted file types: PDF, JPG, PNG. Maximum file size: 4 MB. |    |
|          | Cic  | se |

#### 11. Health Requirements **Step #4: Medications**

#### For Over the Counter Medications (Acetaminophen or Ibuprofen)

| Health Record  | Medications  |
|--|--|
| Demographics<br>Contacts<br>Alerts and Conditions<br>Vectories<br>Medications<br>Charts<br>Screenings<br>Letters<br>Messages | This page shows your child's medication and treatment orders, including any over-the-counter (OTC) medications. Unless restricted by the school, you may be able to grant or revoke permission for OTC medications to be administered.*    Clicking & full allow you to view or to close medication administration history.  Sou will see $\mathcal{G}$ in the Refill column when a medication supply is low and needs to be refilled. This will also appear as a notification (bell icon) on the Health Portal banner.  Clicking the Uplead Order button will allow you to uplead and attach a prescription order to the health record.  If available, clicking the <b>OTCs</b> button will allow you to <b>Opt-In</b> or <b>Opt-Out</b> of over-the-counter medications.*  * Some features may not be available based on district policy.  No medication orders to show. |
| Nako a color   | tion and select Done   |

| OTCs          | ×                             |
|---------------|-------------------------------|
| Acetaminophen | Currently NOT Opted-In Opt-In |
| Ibuprofen     | Currently NOT Opted-In Opt-In |
|               | Done                          |

- Select Forms from the left navigation panel
- Choose Download (form will open in new tab). After downloading the form, close the tab. Return to the SNAP Health Portal tab.

| Health Record   | Forms  |  |  |                     |
|---|--|--|--|---------------------|
| Demographics<br>Contacts<br>Alerts and Conditions<br>Vaccines | Clicking the <b>Return Now</b> but<br>• If you filled out and se | ton will allow you to sign or s<br>aved a form, select <b>Submi</b> t<br>ad to be filled out, select <b>Si</b> | ool health office. You may be asked by the health office to read, sign or fill out thes<br>ubmit a return form. This button will be disabled until the form is downloaded.<br><b>return for</b> , then browse to the form you saved and click <b>Open</b> .<br><b>gn Only</b> and then select <b>Approve</b> or <b>Decline</b> . You may also opt to enter related |                     |
| Medications   | Title  | Revised  | Notes  |                     |
| Charts  | SPS Health Portal<br>Instructions                                | 7/20/2022 9:13:09 AM   | To Complete for 2022-2023 school year: Click download to view instructions   | Download            |
| Screenings<br>Letters   | Acetaminophen & Ibuprofen<br>6-12th GR ONLY                      | 7/20/2022 7:54:02 AM   | Review (Download) and Sign for 6th - 12th grade students ONLY Click<br>'RETURN NOW' to sign electronically. Please Note: Acetaminophen and/or<br>Ibuprofen must be checked off under medications by clicking on the OTC tab<br>in addition to signing this document.   | Download Return Now |
| Forms   | K-12th GR OTC Parental<br>Permissions                            | 7/20/2022 7:54:12 AM   | Review (Download) and Sign - click 'RETURN NOW' to sign electronically.<br>Please note, medications on this list must be supplied by gaurdian and<br>stored in Health Clinic.  | Download Return Now |

• Choose Return Now and submit by doing one of the following

| Y | ou can choose Sign Only and select | You can download, sign, upload the form |
|---|------------------------------------|---|
| R | Return                             | and select Return                       |

| Return Form ×  | Return Form ×   |
|--|---|
| <ul> <li>Submit return for Acetaminophen &amp; Ibuprofen 6-12th GR ONLY</li> <li>Browse</li> <li>Sign Only</li> <li>Approve Obecline</li> <li>Reason for Approving/Declining (optional)</li> </ul> | Submit return for Acetaminophen & Ibuprofen 6-12th GR ONLY     Browse) No file selected.     Sign Only     Approve Obecline     Reason for Approving/Declining (optional) |
| Cancel Return  | Cancel Return   |

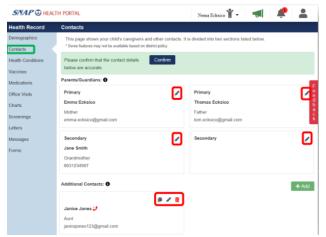
# For Prescription Medications

- Select Orders
- Drag and drop the document or click to browse and add the document

|  |   | G Select Language   V                                | Student Middle Test 🍟 🗸 | -     |        |
|--|---|--|-------------------------|-------|--------|
| Health Record  | Medications   |  |                         |       |        |
| Demographics<br>Contacts<br>Health Conditions<br>Vaccines<br>Medications | This page shows your child's medication and treatment orders, including any over-the-counter (OTC) media<br>medications to be administered.*<br>• Clicking ¥ will allow you to view or to close medication administration history.<br>• You will see <b>Q</b> : In the Rofill column when a medication supply is low and needs to be refilled<br>• Clicking the <b>Upload Order</b> button will allow you to upload and attach a prescription order to<br>• If available, clicking the <b>OTCs</b> button will allow you to <b>Opt-In</b> or <b>Opt-Out</b> of over-the-counter<br>* Some features may not be available based on district policy. | This will also appear as a not<br>the health record. |                         |       | or OTC |
| creenings<br>etters  | No medication o   | rders to show.                                       |                         |       |        |
| Messages   |   |  |                         |       |        |
| Forms  |   |  |                         |       |        |
|  | NOTE: All content is provided by your child's school. For any inaccuracies please contact, or send a mess<br>Copyright © 2022, PSNI All rights reserved. Use of this website constitutes acceptance   |  |                         |       |        |
|  | Upload Prescription Order   |  |                         | ×     |        |
| Or   | F<br>Drop or clie<br>e<br>d   | ck here to upload                                    |                         |       |        |
| ↑ Upload Or  | der a Accepted file types: PDF, JF  | PG, PNG. Maximum file size                           | e: 4 MB.                |       |        |
|  | ĸ   |  |                         | Close |        |

Close

12. Select Contacts. Review for accuracy. Please notify the school if corrections are required. Select Confirm.



13. Select the "person" icon and log out of your account

| SNAP 🕃 HEALTH PORTAL |
|----------------------|
|----------------------|