

Parent Enrollment Workflow

CareDox

Register through PowerSchool or Email

Log into PowerSchool at <https://premier.k12northstar.org> once you have completed the standard registration and you have received an email advising you that your guardian account has been created. Click on the CareDox icon in the left menu bar under the **Health & Nutrition** heading, or click on the peach-colored pop-up at the bottom center of the page. You will update your student's health information through the CareDox student health records program. Please note that this is a required part of registration and is a critical part of communicating your student's health information, concerns, or needs to district nursing services staff.

The screenshot shows the PowerSchool interface. On the left is a navigation menu with the following items: Navigation, Academics, Student Records, Health & Nutrition (highlighted with an orange box), CareDox (with a CareDox icon), and SchoolCafé Payment System. The main content area is titled "Grades and Attendance:" and has two tabs: "Grades and Attendance" and "Standards Grades". Below the tabs, there is a message: "[i] = No grades entered for course. Click on a grade to view assignments and additional information. If your student takes classes at multiple schools, choose the appropriate tab to view grades and attendance for the...". Below this is a table titled "Attendance By Class (Attendance data is for current quarter only)". An orange callout box points to the "CareDox" icon in the navigation menu with the text "Two ways to access Student Health Records". Another orange callout box points to a peach-colored pop-up in the center of the page with the text "Registration Information Incomplete. You have completed 0 out of the 7 annual guardian review and acknowledgment items for this student. Please click here to continue."

Exp	Q4	Absences	T
1(M F)	[i]	0	
2(M F)	[i]	0	

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



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.

31 %

Save & Continue Later

General Information

Basic Info Profile Photo (optional)

Student Name: First Name * Justin, Middle Name H, Last Name *

Date of Birth * 2000-12-02

Gender * Male Female

Language

Race Other x

Ethnicity Non-Hispanic/Latino

Special Needs Does your child have special needs or an IEP? Yes No

Address: Street Line 1 *, Street Line 2 Street2, City * Jackson, State / Territory * MS, Zip (5 or 9 digits) * 39209, Country / Region United States

Save & Next →

67 %

Save & Continue Later

Family Contact

Required Form

Name of Contact: First Name * Kristin, Middle Name, Last Name *

Contact Info: Cell Phone * 155555324, Secondary Phone, Home Phone

Allow Text Message Yes

Email Address momanddad@PSSIS.com

Relationship * Preferred Communication * Has Custody * Yes

Address: Street Line 1 *, Street Line 2, City * Jackson, State / Territory * MS, Zip (5 or 9 digits) * 39209, Country / Region

Remove

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 *

First Observed

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 >

50 %

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 type="text" value="e.g. UnitedHealth, or Medic"/>	<p>Policy Number *</p> <input type="text"/>
	<p>Insurance Company Phone</p> <input type="text"/>	<p>Plan Type</p> <input type="text" value="e.g. PPO, HMO, or Medicaid"/>
	<p>Group Name</p> <input type="text"/>	<p>Group Number</p> <input type="text"/>
	<p>Priority</p> <input type="text"/>	
	<p>Medicaid Id</p> <input type="text"/>	
Subscriber Info	<p>Subscriber Name *</p> <input type="text"/>	<p>Subscriber Date of Birth *</p> <input type="text" value="YYYY-MM-DD"/>
	<p>Employer Name</p> <input 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"/>		
	<p>Date Started *</p> <input type="text" value="05/14/2016"/>	<p>Reason for Taking It *</p> <input type="text" value="ADHD"/>	
Medication Administration	<p>Amount or Dose *</p> <input type="text" value="1"/>	<p>Strength per unit *</p> <input type="text" value="40 MG (expressed as M"/>	<p>How is it given? *</p> <input type="text" value="Orally"/>
Medication Scheduling *	<p>When is it given? *</p> <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.

Medication Permission Form - Staff Administration

Upload Document for Medication Permission Form - Staff Administration



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 [REDACTED] enrollment at 10th grade 2016-17 [Go Back](#)

77 % [Save & Continue Later](#)

Physician Information

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

Medical authorization

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

The screenshot shows the CareDox web interface for a parent enrollment workflow. The page title is "Medical Authorization". On the left, there is a sidebar menu titled "Enrollment Progress" with a list of steps: General Information, Allergies, Medical Conditions, Immunizations, Medications, OTC Medication Permission, Health and Wellness Information, Release of Information & Parent Acknowledgment, Release of Immunization and TB Records, and Medical Authorization (which is currently selected). The main content area shows the user's name "Zobinson Z Duffyz" and enrollment details "Enrollment at 9th grade 2019-20". A progress bar at the top right indicates "Started - 91%". Below the progress bar are buttons for "SAVE & CONTINUE LATER" and "< PREVIOUS". The "Medical Authorization" section contains a paragraph of text: "This health history is correct and accurately reflects the health status of the enrollee to whom it pertains. I understand that minor injuries and illnesses will be assessed and treated by the school nurse and that if the nurse is not available I will be notified by school staff. In an emergency situation, I understand that Emergency Medical Services may be contacted and that every effort will be made, by the school, to contact the parent/guardian(s) or the parent designated emergency contact person(s). I acknowledge that a separate release of information will be required in order to share any of the health information contained in this document." Below this text is a checkbox labeled "Consent for Emergency Medical Services" which is checked. There is also a checkbox labeled "By checking this box, I give my permission and electronically sign this statement." which is unchecked. To the right of this checkbox is a label "Relationship to Enrollee" followed by an empty text input field. At the bottom right of the form are buttons for "< PREVIOUS" and "SUBMIT". The footer of the page includes links for "SUPPORT", "FAQ", "Privacy Policy", and "Terms & Conditions", along with logos for "HIPAA" and "FERPA".

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](#)

