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.

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

CareDox © 2016 | 35 West 35th St. Suite 1001, New York, NY 10001

Click here to edit e-mail preferences or unsubscribe

f ✈ in

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		
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	✔
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

| Insurance Name * | Policy Number * |
| e.g. UnitedHealth, or Medic | |

| 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.

Medications

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

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

Name of Medication *
🔍 Ritalin LA 40 MG 24 HR Extended Release Oral Capsule

Date Started *
05/14/2016

Reason for Taking It *
ADHD

Medication Administration

Amount or Dose *
1

Strength per unit *
40 MG (expressed as N

How is it given? *
Orally

Medication Scheduling *   **When is it given?** *
Lunch ✕

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.

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▨▨▨▨ 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.

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