

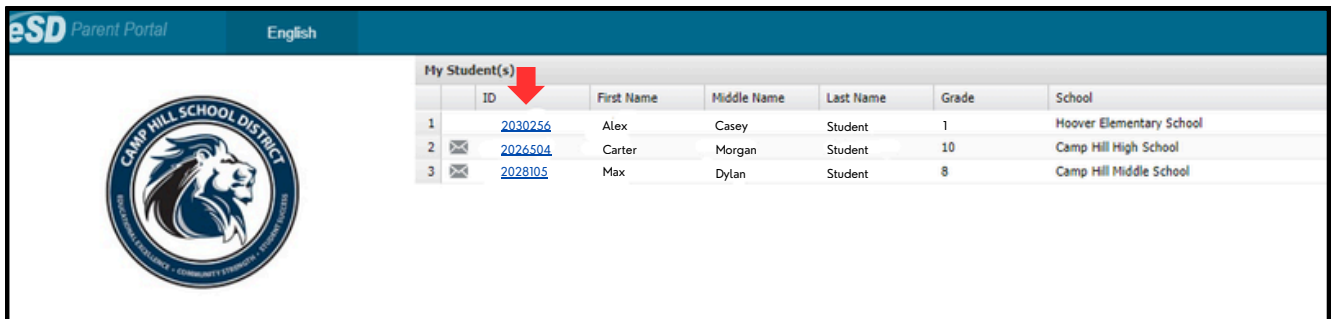
CAMP HILL SCHOOL DISTRICT

SIS Parent Portal Contact Verification Instructions

Every year at the start of the school year, the District requests the **Primary Guardian for each household** update their child's information in the Parent Portal of our Student Information System (SIS). Instructions for how to complete the annual Contact Verification process is below. If you need additional help or support, please contact Amanda Rhinehart, Director of Technology, at arhinehart@camphillsd.k12.pa.us, or stop at the technology support table at your child's Back to School event.

Go to: <https://parent-csiu.eschooldata.com/CAMP>

When you first login to the Parent Portal using the credentials you created, you will be prompted with your dashboard and your student(s) listed. Click on the blue underlined Student ID number and it will take you automatically to the Contact Verification screen.



My Student(s)		First Name	Middle Name	Last Name	Grade	School
1	2030256	Alex	Casey	Student	1	Hoover Elementary School
2	2026504	Carter	Morgan	Student	10	Camp Hill High School
3	2028105	Max	Dylan	Student	8	Camp Hill Middle School

The Contact Verification screen begins with an overview of the information you will need to update (see below). The Contact Verification process updates the contact information for parents/guardians, emergency contacts, your child's medical history, medication administration update, and annual policy acknowledgement forms. This process replaces the need for paper forms and consents to be sent home and returned by your student at the beginning of the school year. **You will need to complete this process for each child in your household.**

Dear Parents/Guardians,

The district requests annual updates to student information from all users of the parent portal. If you notice your mailing address is incorrect in our database, please contact our Registrar, Anna Grove, at agrove@camphillsd.k12.pa.us.

Please note, if you are NOT the Primary Guardian of the student, you will not see student household information, emergency contacts, or physician information, but you will be able to update your contact information.

If you are the Primary Guardian, you will need to update the following information during the contact verification process:

- **Primary Guardian Contact Information (phone number and email address)**
- **Medical History and Physician Information**
- **Medication Administration Update**
- **Annual Policy Acknowledgement Forms**

Primary Guardian Contact Information

Please verify the primary guardian's phone number(s) and email address is correct for your student(s). If you have multiple students associated with your Household, you can update all guardian phone records with the "Update All Linked Records" option. Any records with a **gold lock** will be updated to match the updated household contact information.

Medical History and Physician Information

Please enter your student's physician and dentist in the "Physician Information" section as we no longer collect paper Medical History Update forms. If your student has had an updates to their medical history since the previous entry, please update that information regarding any new medical diagnosis/concern.

Medication Administration Update

Please review the list of medications available for distribution to your student from their school nurse. Please select **Yes** or **No** for each medication they are allowed to receive from the school nurse. **Consent Statement:** I give my permission to the school nurse to administer the following medications to my child according to the school's standing medical orders. Medical Standing Orders are available for your review. I hereby release Camp Hill School District and all of its employees from any and all liability for any adverse effects or injuries my child may suffer as a result of this request.

IMPORTANT: A [School Medication Administration Authorization Form](#) must be completed annually by a physician and parent for inhalers, epi-pens, and any other types of medications that are to be administered at school. This form is available on our website under the Health Services tab (linked above), or by contacting your school's nurse.

Annual Policy Acknowledgement Forms

Please review the policies and statements associated with each policy. These statements acknowledge your review and consent with the requirements of each policy. Below are links to the resources that review each policy in detail.

- [Student Handbook](#) - Please review the Code of Conduct, Behavior Matrices, and Attendance Policy 204. Please select **Yes** or **No** for the two statements regarding the Student Handbook.
- [Technology and Internet Acceptable Use Policy 815](#) - Please review the Technology and Internet Acceptable Use Policy. Please select **Yes** or **No** for the statement regarding this policy.
- [Educational Apps and Websites Privacy Policies and Registration Parental Consent](#) - Each of the websites and applications require registration prior to use. If your child is under 13 years of age, the registration process requires parental consent. The use of these applications and the collection of personal information from students will be for the use and benefit of the school and not for commercial purposes. For these reasons, the District is permitted and will be providing the website consent on behalf of the parents without the need for individual parent consent for each website application, unless you elect to opt out of this common consent. Please select **Yes** or **No** to give your consent to the two statements for your child to utilize these digital resources.

Click **Verify** to complete the contact verification form. After you verify and update all of this information, you will be able to proceed to the other menu options (Schedule, Gradebook, etc.). Student schedules and/or teacher assignments will be available for viewing on Friday, August 9, 2024.

Thank you for taking the time to update our district records.

After the instructions section, you will need to complete an update of the information and consent statements. You can add, edit, and delete information in the contact information and emergency contacts, as needed.

Student Information

First Name: Alex	Last Name: Student
ID Number: 2030256	Grade: 1
Cell Phone:	

Household Information

Surname:	☐ Unlisted	☒ Is Cell Phone	☐ Update All Linked Records
Phone: 717-999-0000	☒ X		

Guardian Information

Primary Guardian

Kathy	Student	Female	Mother	Use Guardian as Emergency Contact: ☐
Contact Priority: 1	Mailing Address: 1234 North 24th Street, Camp Hill, PA 17011			

Phone Information

+	Add Phone							
Delete	Phone No	Phone Ext	Phone Type	Unlisted	Phone Priority	Attendance Phone	Description	
	717-999-0000		Home Cell	☐	1	☒		

Email Information

+	Add Email			
Delete	Email Address	Email Type	Primary Email	
	kstudent@gmail.com	HOME	☒	
	kathystudent@outlook.com	WORK	☐	

Link to Medication Form

Links to Student Handbook and Policies for Review

Check box to update the contact information for all students in your household

Green + allows you to add new information

Shows records are linked to multiple students in a household

Red x allows you to delete information

Check box to select which phone will receive attendance calls

Update
secondary
guardian's
information,
if needed

Guardian 2

Dan **Student** **Male** **Father** Use Guardian as Emergency Contact: ☐

Contact Priority: 2 Mailing Address: 1234 North 24th Street, Camp Hill, PA 17011

Phone Information

+ Add Phone

Delete	Phone No	Phone Ext	Phone Type	Unlisted	Phone Priority..	Attendance Phone	Description
X	717-999-1010		Cell Phone	☐	1	☐	

Email Information

+ Add Email

Delete	Email Address	Email Type	Primary Email
	danstudent@gmail.com	HOME	☒

Update each
emergency
contact's
information,
if needed

Emergency Contact Information

X Delete

First Name: Eva Last Name: Student

Gender: ☐ Male ☒ Female Relationship: Grandmother

Contact Priority: 3

Address

☐ Address (Optional)?

Phone Information

+ Add Phone

Delete	Phone No	Phone Ext	Phone Type	Unlisted	Phone Priority..	Description
X	717-888-1212		Cell Phone	☐	1	

Email Information

+ Add Email

Delete	Email Address	Email Type

Update your
child's
physican's
information,
if needed

Physician Information

X Delete

First Name: Christina Last Name: Martin

Gender: ☐ Male ☒ Female

Contact Priority: 4

Office Address

☐ Address (Optional)?

Phone Information

+ Add Phone

Delete	Phone No	Phone Ext	Unlisted	Phone Priority..	Description
X	717-505-5000		☐	1	

Email Information

+ Add Email

Delete	Email Address	Email Type

In the next section, the primary guardian should update the child's medical history and conditions that may be new since last year. There is also standing orders for various medications kept in the nurse's office. If you would like the nurse to be able to provide your child with these medications during the school year, please select Yes for each consent statement.

The guardian will also need to review consent statements related to various school district policies regarding the student handbook, code of conduct, and student technology usage. For your child to have access to these resources during the school year, please select Yes for each consent statement.

Select Yes for each medication you would like your child to be able to receive from the school nurse

Additional Information

I give permission for the school nurse to provide the following for the care of my child: Acetaminophen (Tylenol)

☒ Yes☐ No

I give permission for the school nurse to provide the following for the care of my child: Bacitracin (Antibiotic Ointment)

☒ Yes☐ No

I give permission for the school nurse to provide the following for the care of my child: Ibuprofen (Advil, Motrin)

☒ Yes☐ No

I give permission for the school nurse to provide the following for the care of my child: Antacid (Tums)

☒ Yes☐ No

I give permission for the school nurse to provide the following for the care of my child: Hydrocortisone Cream

☒ Yes☐ No

I give the school nurse permission to discuss allergies and medical conditions as needed with the school staff.

☒ Yes☐ No

I give permission for the school nurse to contact me via email for health related issues.

☒ Yes☐ No

I give permission to the school nurse to exchange information with my child's primary care provider for immunization information, medication administration questions or in an emergency.

☒ Yes☐ No

If your child has an allergy, please list the specific allergy.

If your child has an allergy, does it require:

☐ Benadryl☐ Epinephrine☐ None of the Above

Please list any current medications your child is taking (include name, dosage, and frequency).

Does your student have any new medical conditions?

☐ Yes☐ No

Please list any new medical conditions for your student.

Do any of your student's medical conditions no longer need to be monitored?

☐ Yes☐ No

Please list any medical conditions that no longer need to be monitored.

I have reviewed the Camp Hill Student Handbook and Behavior Matrices, as well as the Code of Conduct for my child's school. Also, I have read District Policy 204: Attendance.

Yes

I understand the rights and responsibilities of my child as outlined in the Student Handbook and Code of Conduct. I also understand the possible consequences should my child choose not to follow these outlined rights and responsibilities.

Yes

I have read and agree that my child will follow the rules in District Policy 815 - Technology/Internet Use. I understand that permission to use District technology will be withdrawn and disciplinary action may occur should my child violate this policy.

Yes

I have reviewed the privacy policies associated with the various educational apps and websites my child may use at school. I consent to my child using these educational apps and websites, and agree to the privacy policy terms outlined on each website.

Yes

I consent to allowing my child to be registered (when applicable) to use each website and application used for educational purposes. I understand that if my child is under 13 years of age, my consent is required for their registration.

Yes

VerifyCancel

Update any new allergies

Update any medications

Update any new medical conditions

Update any medical conditions no longer affecting your child

Review each consent statement and select Yes to confirm your acceptance of each policy

Click Verify to submit your Contact Verification for your child

IMPORTANT: If you have multiple students in the District, you will need to complete the Contact Verification process for each student. Thank you for updating your District records!