



CareDox Training Manual: Parent Health Registration

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As a parent, you can complete your child's annual health registration in CareDox.

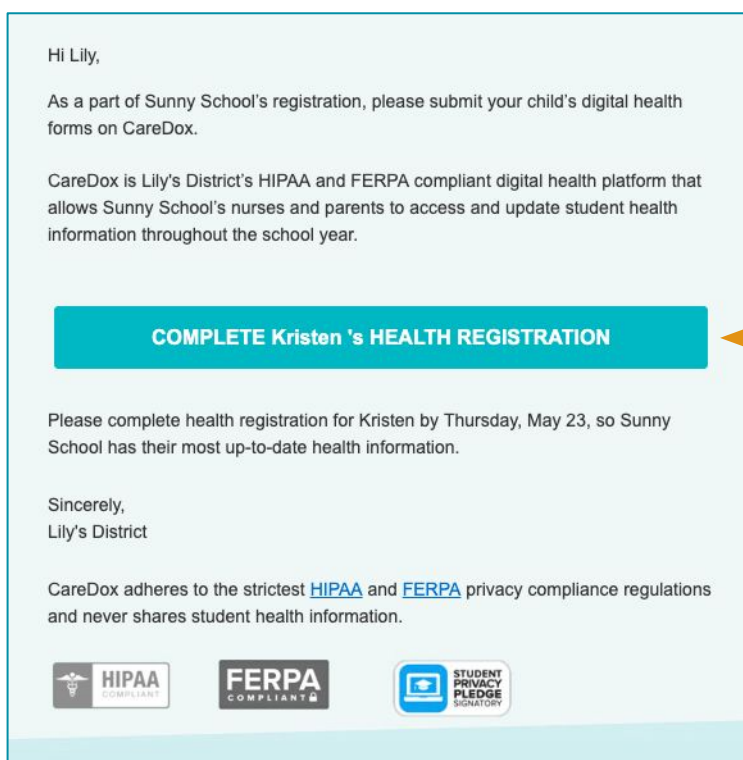
This guide provides instructions for navigating the parent health registration process.

Please note that each school district has variations in registration forms. This tutorial is meant to serve as a general guide to parent health registration, but the sections may vary from what appears in your CareDox account.

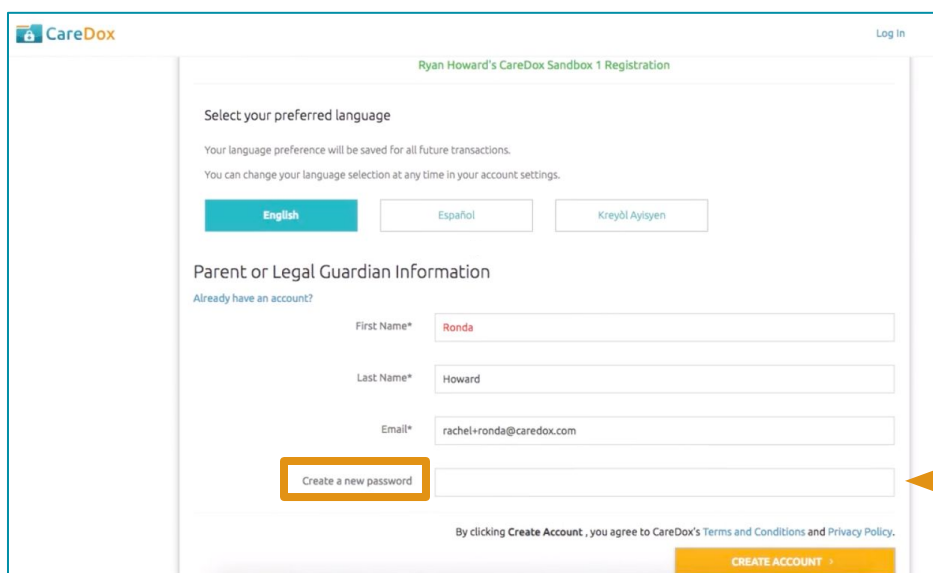
CareDox
Training Materials

Parent Health Registration

1. You will receive an email invitation prompting you to complete your child's health registration in CareDox. Click the **Complete Health Registration** button to begin.

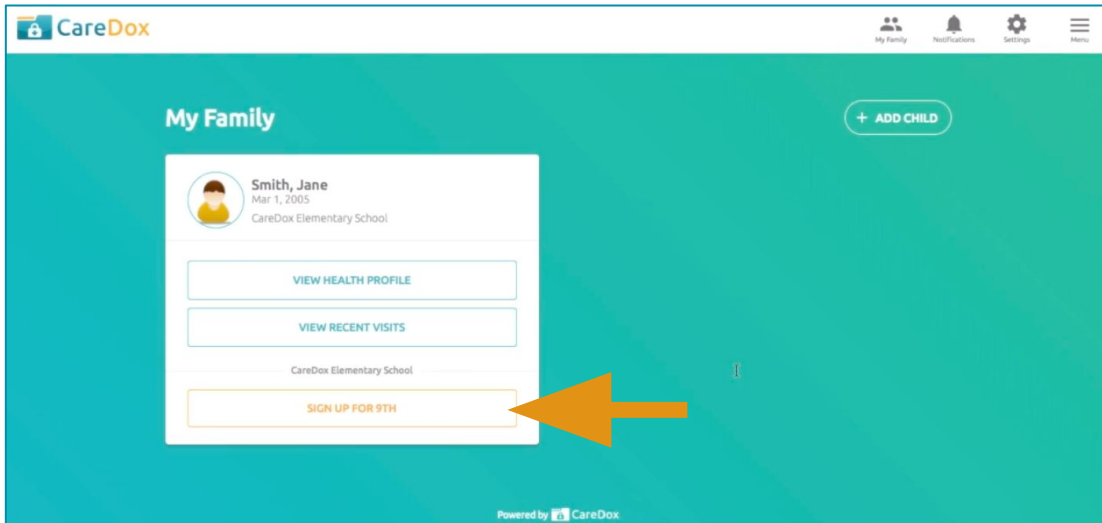


2. If this is the first time you are logging in to complete health registration, you will be brought to a page that asks you to create a new password.

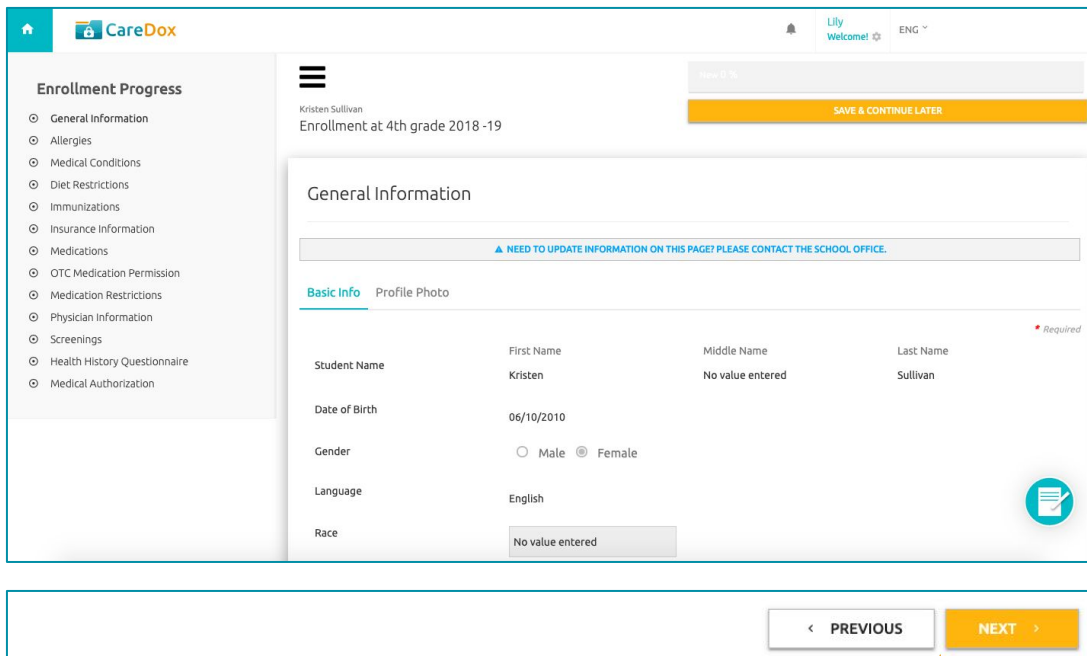


Parent Health Registration

3. You will be brought to your family dashboard. Click the **Sign Up** button to begin health registration for your child.



2. Once you arrive to the health registration page, you can navigate through each section of health registration.



The sections in the **Enrollment Progress** menu will vary for each district.

You can **Save & Continue Later** within each section.

Use the **Previous** and **Next** buttons to navigate between sections.

Parent Health Registration


3. You may be asked to review general demographic information for your child. **Contact your school office if you need to update information on this page.**

General Information

▲ NEED TO UPDATE INFORMATION ON THIS PAGE? PLEASE CONTACT THE SCHOOL OFFICE.

Basic Info Profile Photo

	* Required		
Student Name	First Name Kristen	Middle Name No value entered	Last Name Sullivan
Date of Birth	06/10/2010		
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Language	English		
Race	<input type="text" value="No value entered"/>		
Ethnicity	No value selected		
Address	Street Line 1 *	Street Line 2	City *



Parent Health Registration

3. If you are asked to review **Family Contact Information**, you will also be given the option to opt in to receiving **text message updates** from CareDox regarding your child's health information (visits to the nurse, screening visits, etc.).

The screenshot shows the 'Family Contact' form in the CareDox system. The form is titled 'Family Contact' and is marked as 'Required'. It contains several sections: 'Name of Contact' with fields for First Name (Jamarcus), Middle Name (No value entered), and Last Name (Howard); 'Contact Info' with fields for Cell Phone (917-258-3792), Secondary Phone (598-676-7767), and Home Phone (711-665-1084); 'Allow Text Message' with a 'YES' button selected and a 'NO' button; 'Relationship' with 'Father' selected; 'Preferred Communication' with 'No value selected'; 'Has Custody' with 'Yes' selected; and 'Address' with fields for Street Line 1 (82299 Nels Circle), Street Line 2 (Suite 367), City (McLaughlinside), State, Zip (5 or 9 digits), and Country / Region. At the bottom of the form, there are two buttons: '< PREVIOUS' and 'NEXT >'. An orange arrow points to the 'NEXT >' button from the right.

The screenshot shows an 'SMS messaging' dialog box. The text inside reads: 'CareDox and CareDox Unified School District would like to send you important SMS messages regarding Ryan's health information such as visits to the nurse's office and vision screening results.' Below this text, there are two contacts listed with checked boxes: 'Howard, Jamarcus (Cell Phone: 9172583792)' and 'Howard, Maggie (Cell Phone: 1206618506)'. At the bottom of the dialog box, there are two buttons: 'YES, I WANT TO RECEIVE SMS MESSAGES' and 'NO'. An orange arrow points to the 'YES' button from the left, and another orange arrow points to the 'NO' button from the right.

Click **yes** to **opt in** to text updates.

Click **no** to **opt out** of text updates.

Parent Health Registration

4a. Your child’s allergy information will be listed in the **Allergies** section. If the information is correct, click **Next**.

4b. To change existing allergy information, click **Request Changes** and list a reason for the change in the box that appears. Then click **Send**.

4c. If you need to add a new allergy, click **Add Allergy** and fill in the new allergy information. Then click **Next**.

4a

4b

4c

Parent Health Registration

5a. Your child’s medical conditions will be listed in the **Conditions** section. If the information is correct, click **Next**.

5b. To change existing condition information, click **Request Changes** and list a reason for the change in the box that appears. Then click **Send**.

5c. If you need to add a new condition, click **Add Condition** and fill in the new condition information. Then click **Next**.

5a

Condition Info

Name * Life-threatening YES NO

Medications: NPH Insulin, Human 300 UNT per 3 ML Prefilled Syringe [View Details >>](#)

Approx. Onset Date: 12/12/2015 Stop Date: No value entered

Notes: poorly controlled

> Care Plans

No attachments

REQUEST CHANGES

+ ADD CONDITION

5b

Change Request

Condition: Diabetes Type 2 details are disabled for editing as the school health office already approved, created a care plan or actively treating the student. To deactivate or change Condition: Diabetes Type 2 please notify the health office by providing a comment/reason and clicking on the SEND button.

Comment/Reason

SEND

5c

Condition Info

Name * Life-threatening YES NO

Approx. Onset Date: Stop Date:

Notes:

+ ADD CONDITION

+ ADD CONDITION

PREVIOUS **NEXT**

Parent Health Registration

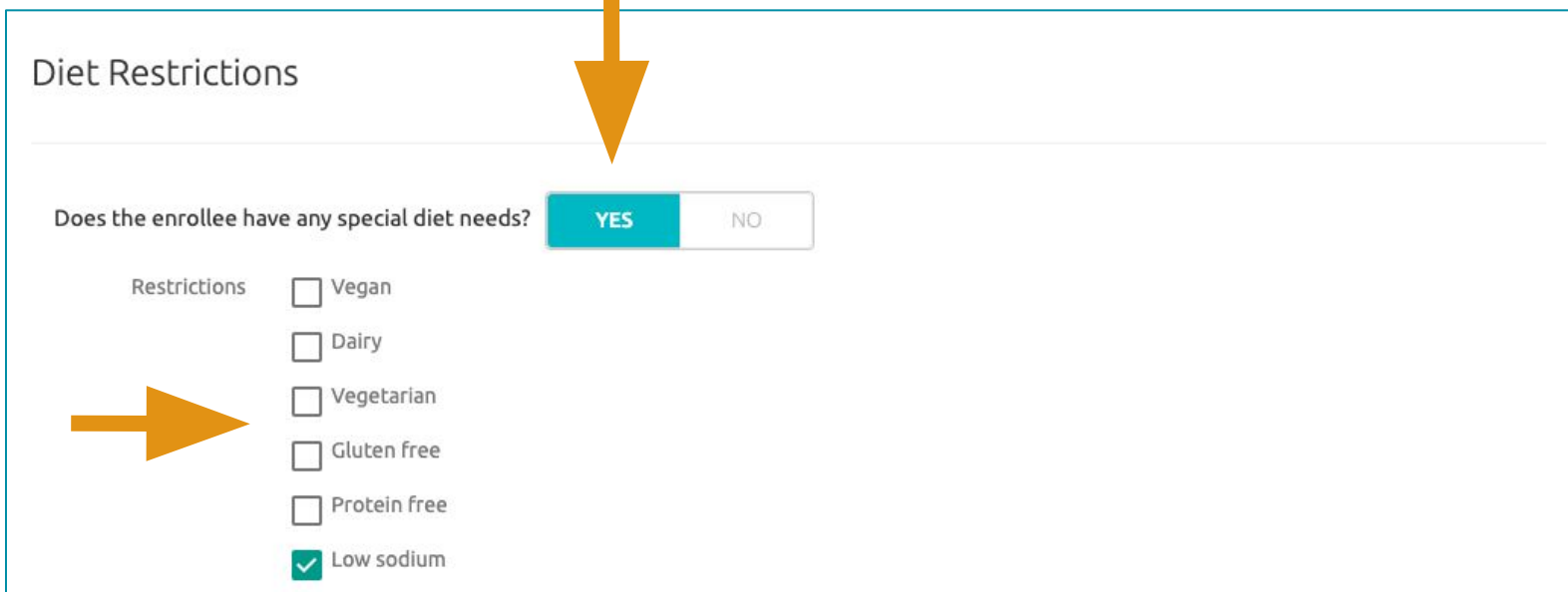
6. If your child has diet restrictions, select yes at the top of the **Diet Restrictions** section, then select his/her restrictions by clicking into the boxes. Then click **Next**.

Diet Restrictions

Does the enrollee have any special diet needs? YES NO

Restrictions

- Vegan
- Dairy
- Vegetarian
- Gluten free
- Protein free
- Low sodium



Parent Health Registration

7a. Your child’s medications will be listed in the **Medications** section. If the information is correct, click **Next**.

7b. To change existing medication information, click **Request Changes** and list a reason for the change in the box that appears. Then click **Send**.

7c. If you need to add a new medication, click **Add Medication** and fill in the new medication information. Then click **Next**.

7a

Select a Medication Type Over the Counter (OTC) Prescription * Required

Medication Information

Name of Medication *	Tylenol 160 MG Chewable Tablet		
Date Started *	Reason for Taking It	Medication Type	
08/06/2018	headaches	No value selected	

This medication will be administered by: *

Student Nurse/Staff Off-campus

● Please be sure to provide Sunny School the medication specified.

REQUEST CHANGES

+ ADD MEDICATION

7b

Change Request

Medication: Tylenol 160 MG Chewable Tablet details are disabled for editing as the school health office already approved, created a care plan or actively treating the student. To deactivate or change Medication: Tylenol 160 MG Chewable Tablet please notify the health office by providing a comment/reason and clicking on the SEND button.

Comment/Reason

CANCEL **SEND**

7c

Select a Medication Type Over the Counter (OTC) Prescription * Required

Medication Information

Name of Medication *	e.g. Example		
Date Started *	Reason for Taking It	Medication Type	
05/22/2019	e.g. Allergies		

This medication will be administered by: *

Student Nurse/Staff Off-campus

● Please be sure to provide Sunny School the medication specified.

+ ADD CARE PLAN **REMOVE MEDICATION**

Parent Health Registration

8a. If your school offers **Over the Counter (OTC) Medications** to students, you can authorize which OTC medications you permit your child to take. Click **Yes** or **No** next to each medication.

OTC Medication Permission

I grant permission for my child to receive, as needed, the over-the-counter medications indicated below. School personnel will not be held liable for complications from medication administration. You may be required to provide over-the-counter medication for your child.

<input type="checkbox"/>	<input type="checkbox"/>	911 Spray
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acetaminophen
<input type="checkbox"/>	<input type="checkbox"/>	Albuterol
<input type="checkbox"/>	<input type="checkbox"/>	Allergy Relief Medication
<input type="checkbox"/>	<input type="checkbox"/>	Aloe-Vera



8b. If you are required to upload an OTC Medication Permission Document, you can do so by clicking **Upload**. Then click **Next**.

> You can upload OTC Medication Permission Document here if required by the school.

Upload 



< PREVIOUS

NEXT >

Parent Health Registration

9a. If your child has a **Medication Restriction**, add the restriction by typing the name of the medication into the box under Name of Medication. Then click the **Add Medication Restriction** button.

9b. If you need to add multiple medication restrictions, repeat step 9a.

Each medication will appear in a list at the bottom of the form.

The screenshot shows a web form titled "Medication Restrictions". At the top, there is a blue informational line: "The following non-prescription medications may be stocked in the Health Center, and are used on an as-needed basis to manage illness and injury." Below this is a yellow instruction box: "Please add any medications that you won't allow for the nurse staff to administer to your child." The main input area is labeled "Name of Medication" and contains a search bar with a magnifying glass icon, the placeholder text "e.g. Example", and a star icon in a grey box. Below the search bar is a grey button with a plus sign and the text "+ ADD MEDICATION RESTRICTION". At the bottom of the form, there is a section titled "Medication Restrictions" which contains an empty rectangular box. To the right of this box are two buttons: a grey button with a left arrow and the text "< PREVIOUS" and a yellow button with the text "NEXT >". Three orange arrows are overlaid on the form: one points to the search bar, one points to the "+ ADD MEDICATION RESTRICTION" button, and one points to the empty list box.



A medication restriction list will appear here.

Parent Health Registration

10. **Medical Authorization** will be the last section of parent registration. Once you check any consent boxes, check the box that grants your permission to electronically sign the form. Then enter your relationship to the student.

Medical Authorization


This health history is correct and accurately reflects the health status of the enrollee to whom it pertains. The person described has permission to participate in all organization activities except as noted by me and/or an examining physician. I give permission to the physician selected by the organization to order x-rays, routine tests, and treatment related to the health of my enrollee for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this enrollee. I understand the information on this form will be shared on a 'need to know' basis with organization staff. I give permission to photocopy this form. In addition, the organization has permission to obtain a copy of my enrollee's health record from providers who treat my enrollee and these providers may talk with the program's staff about my enrollee's health status.

Consent for Emergency Medical Services

By checking this box, I give my permission and electronically sign this statement. *

Relationship to Enrollee *

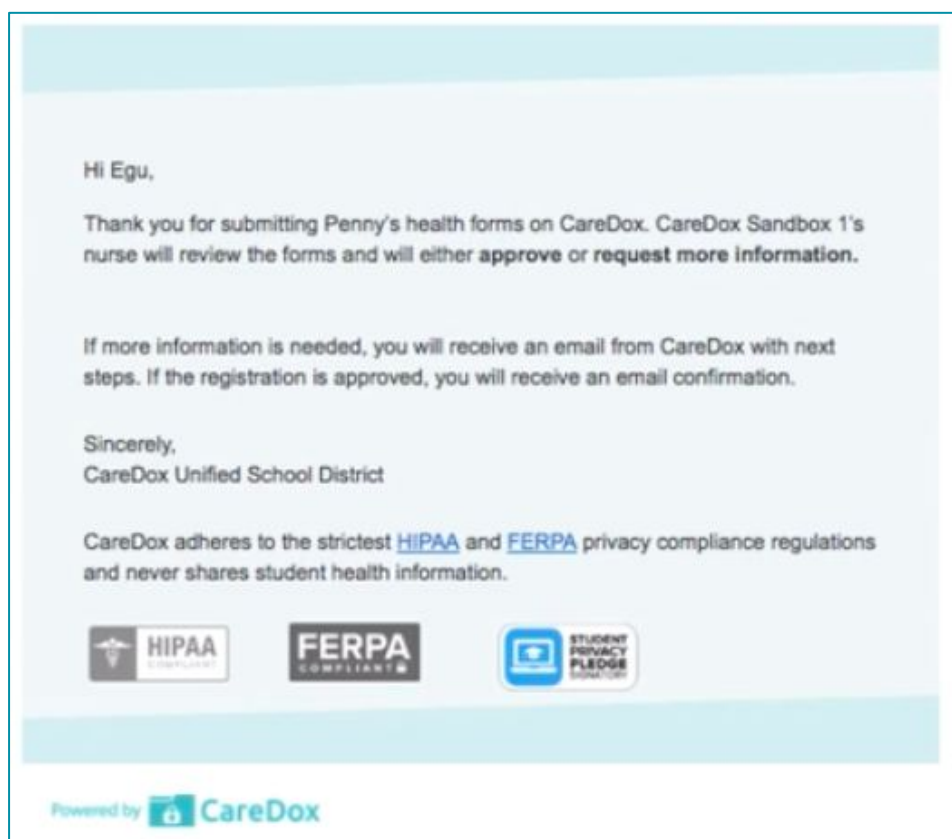
[< PREVIOUS](#) [SUBMIT](#)



Parent Health Registration

11. After completing the registration form, you will receive an email letting you know that the form will be reviewed by the school.

Once the school nurse reviews the form, you will receive a follow up email that either **confirms approval** or **requests more information**.



Thank you!

If you have questions, please contact
support@caredox.com