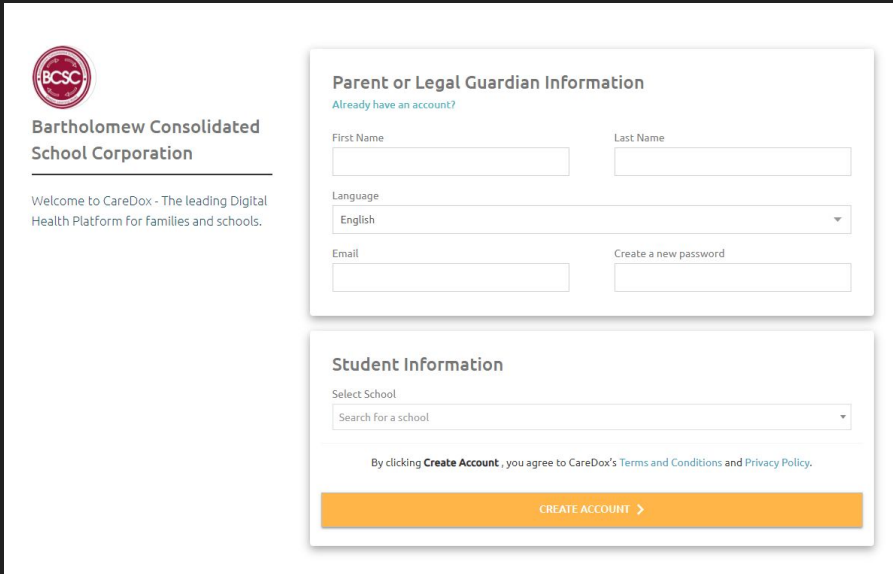


# CareDox

Enrollment Process for Parents/Guardians

[www.caredox.com](http://www.caredox.com)

# How do I find the information to enroll?



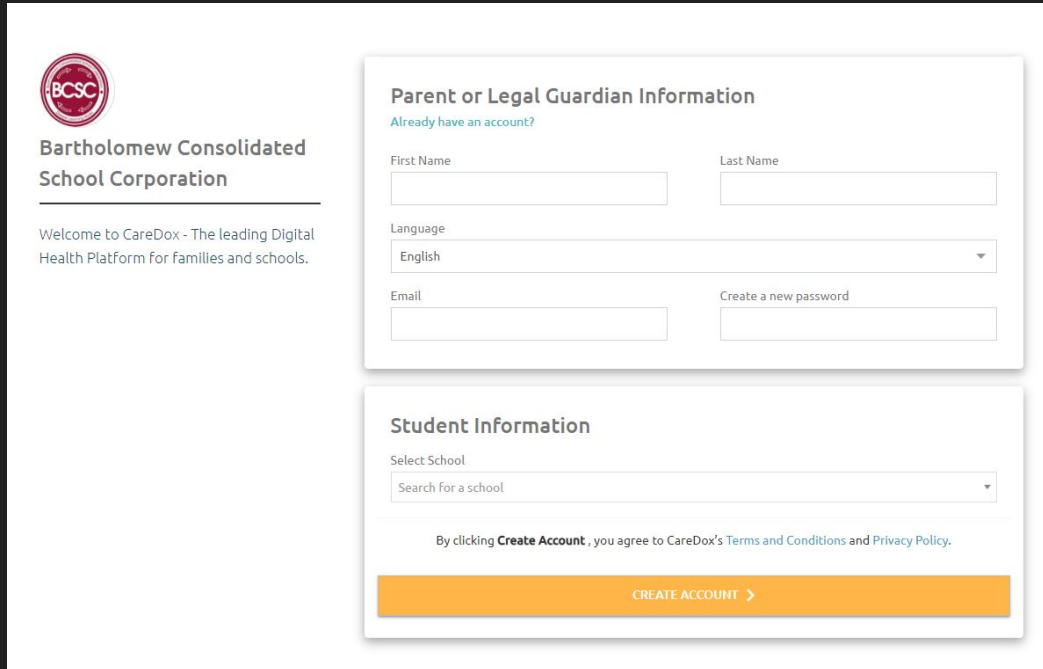
The screenshot shows the CareDox enrollment interface for Bartholomew Consolidated School Corporation. On the left, the BCSC logo is displayed above the school name and a welcome message: "Welcome to CareDox - The leading Digital Health Platform for families and schools." The main form is divided into two sections. The top section, "Parent or Legal Guardian Information", includes a link for existing users, input fields for "First Name" and "Last Name", a "Language" dropdown menu set to "English", and input fields for "Email" and "Create a new password". The bottom section, "Student Information", features a "Select School" dropdown menu with the placeholder text "Search for a school". Below this section is a disclaimer: "By clicking **Create Account**, you agree to CareDox's Terms and Conditions and Privacy Policy." At the bottom of the form is a prominent orange button labeled "CREATE ACCOUNT >".

1. The link on BCSC website on the Health Services page.
2. If the school has a valid email address the invitation will be sent by CareDox.
3. Go to the BCSC website to sign up.

**Click on the sign up box to begin.**

Google Chrome is preferred.

# CareDox for BCSC students



The screenshot shows the CareDox enrollment page for BCSC students. On the left, there is the BCSC logo and the text "Bartholomew Consolidated School Corporation". Below this, a welcome message reads: "Welcome to CareDox - The leading Digital Health Platform for families and schools." The main content area is divided into two sections: "Parent or Legal Guardian Information" and "Student Information".

**Parent or Legal Guardian Information**  
[Already have an account?](#)

First Name  Last Name

Language

Email  Create a new password

**Student Information**

Select School

By clicking **Create Account**, you agree to CareDox's [Terms and Conditions](#) and [Privacy Policy](#).

[CREATE ACCOUNT >](#)

If you see the BCSC logo, you are on the enrollment page and may begin the process to sign up.

# General Information

Home CareDox Jony Welcome! ENG

SAVE & CONTINUE LATER GO BACK

## General Information

Basic Info Profile Photo

Student Name

First Name \* Jerry Middle Name Middle Last Name \* Block

Date of Birth \* 2005-11-17

Gender \*  Male  Female

Language English

Race Race

Ethnicity

Special Needs Does your child have special needs or an IEP?

Address

Street Line 1 \* 123 main street Street Line 2 Street2 City \* boston

State / Territory \* MA Zip (5 or 9 digits) \* 12345 Country / Region United States

- General Information
- Family Contacts
- Allergies
- Medical Conditions
- Diet Restrictions
- Emergency Contact
- Immunizations
- Insurance Information
- Medications
- OTC Medication Permission
- Physician Information
- Health History Questionnaire
- Screenings
- Consents
- Health and Wellness Information
- Required Documents
- Medical Authorization

General, family, and emergency contact information are read only in CareDox.

Contact your school to make updates in this information if needed.

# Family Contacts - review only, cannot edit this page

The screenshot shows the CareDox user interface. At the top, the user is identified as 'Jony' with a 'Welcome!' message and a language dropdown set to 'ENG'. A navigation menu on the left lists various sections, with 'Family Contacts' highlighted. The main content area is titled 'Family Contact' and contains a 'Required Form' section. This section includes fields for 'Name of Contact' (First Name: Jony, Middle Name: , Last Name: Block), 'Contact Info' (Cell Phone, Secondary Phone, Home Phone, Allow Text Message: No, Email Address: jblock12332@caredox.com), 'Relationship' (Other), 'Preferred Communication', 'Has Custody' (Yes), and 'Address' (Street Line 1: 123 main street, Street Line 2: , City: boston, State/Territory: MA, Zip: 12345, Country/Region: ). A red button labeled 'REMOVE CONTACT' is visible below the form. At the bottom, an 'Optional Form' section is partially visible, with a 'Processing...' indicator.

This information is loaded from Powerschool automatically.

If it is NOT correct, contact the school to make the update.

# Allergies

Home CareDox Jony Welcome! ENG

SAVE & CONTINUE LATER GO BACK

## Allergies

Does the student have allergies?  Yes

Name of Allergy \*  First Observed  Has epinephrine auto-injector? (ie Epi-Pen)  No

Describe Reaction  Life-threatening  No

+ ADD CARE PLAN + REMOVE ALLERGY

+ ADD ALLERGY

< SAVE & PREVIOUS SAVE & NEXT >

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HIPAA FERPA COMPLIANT

If yes is selected, more questions will appear that need to be answered.

You may also download an allergy care plan to review with your child's doctor.

Make sure you **SAVE** it.

# Medical Conditions

Home CareDox Jony Welcome! ENG

SAVE & CONTINUE LATER GO BACK

## Medical Conditions

Does the student have any medical conditions?  Yes

Chronic or Acute, ranging from frequent colds or upset stomach to whooping cough and Measles.

Condition Info	Name	Stop Date
<input type="button" value="+ ADD CARE PLAN"/>	-- Select One --	YYYY-MM-DD
<input type="button" value="+ ADD CONDITION"/>	Hypoglycemia	
	Hypothyroidism	
	Immunocompromised	
	Impetigo	
	Infections	
	Influenza (Flu)	
	Integumentary	
	Irritable bowel syndrome	
	Joint Pain	

< SAVE & PREVIOUS SAVE & NEXT >

If a medical condition requires care and treatment at school, please contact your school nurse.

# Diet Restrictions

Home CareDox Jony Welcome! ENG

✔ Diet Restrictions  
✔ Emergency Contact  
✔ Immunizations  
✔ Insurance Information  
✔ Medications  
✔ OTC Medication Permission  
✔ Physician Information  
✔ Health History Questionnaire  
✔ Screenings  
✔ Consents  
✔ Health and Wellness Information  
○ Required Documents  
✔ Medical Authorization

Does the enrollee have any special diet needs? **Yes**

Restrictions \*

- Vegan
- Dairy free
- Vegetarian
- Gluten free
- Other
- Protein free
- Artificial food coloring

Notes

> Care Plans are optional. If you have one, please download Diet Restriction care plan(s) below, fill them out and upload here.

DIET FORM

Name: File N/A  
Description: N/A

UPLOAD REMOVE

< SAVE & PREVIOUS SAVE & NEXT >

If yes is selected, students are still responsible for the cafeteria selections.



# Emergency Contact- review only, cannot edit this page

**CareDox** Jony Welcome! ENG

SAVE & CONTINUE LATER GO BACK  
Last saved at 12:17 pm

### Emergency Contact

Other than parents

**Required Form**

Name of Contact

First Name \* jerry Middle Name Last Name \* block

In the event I cannot be reached, this person has my permission to pick up.

Pick up authorization

Contact Info

Cell Phone Secondary Phone Home Phone

Allow Text Message No Email Address

Relationship \* Friend Preferred Communication

Address

Street Line 1 Street Line 2 City

State / Territory Zip (5 or 9 digits) Country / Region

× REMOVE CONTACT

This information is loaded from Powerschool automatically.

If it is NOT correct, contact the school to make updates.

# Immunizations

The screenshot shows the CareDox user interface for an enrollment progress page. The user is identified as Jony Block, with a welcome message and a language dropdown set to ENG. The enrollment is for the 3rd grade in 2016-17, with a review status of 94% pending. A progress bar at the top right shows 'Review pending 94%' and buttons for 'SAVE & CONTINUE LATER' and 'GO BACK'. The main content area is titled 'Immunization Card' and includes a message: 'This session requires a scanned upload of the enrollee's immunization card for review. Please upload a copy of the Immunization Card.' Below this, there is a section for 'Uploaded Immunization Record' with a table header 'Uploaded' and a '+ UPLOAD CARD' button. At the bottom of the main area are buttons for '< SAVE & PREVIOUS' and 'SAVE & NEXT >'. The left sidebar lists various enrollment categories, with 'Immunizations' selected. The footer contains links for SUPPORT, FAQ, Contact Us, Blog, Privacy Policy, and Terms & Conditions, along with HIPAA and FERPA logos.

Home CareDox

Jony Block  
Welcome! ENG

Enrollment at 3rd grade 2016-17

Review pending 94 %

SAVE & CONTINUE LATER GO BACK

Last saved at 12:17 pm

### Immunization Card

This session requires a scanned upload of the enrollee's immunization card for review.  
Please upload a copy of the Immunization Card.

Uploaded Immunization Record: Uploaded

+ UPLOAD CARD

< SAVE & PREVIOUS SAVE & NEXT >

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This page will be loaded from Powerschool and CHIRP data.

This is a view only. If you have updates please send a note to the school nurse.

# Insurance Information

**CareDox** Jony Welcome! ENG

**Insurance Information**

This enrollee is covered by family medical/hospital insurance or medicaid?  Yes

**Insurance Info**

Insurance Name \*

Policy Number \*

Insurance Company Phone

Plan Type

Group Name

Group Number

**Subscriber Info**

Subscriber Name

Subscriber Date of Birth

Employer Name

Uploaded Insurance Card (Optional)	Uploaded
N/A	N/A

[UPLOAD INSURANCE CARD](#)

Insurance information is captured, but no claims will ever be filed nor any billing through the school.

# Medications

**CareDox** Jony Welcome! ENG

SAVE & CONTINUE LATER GO BACK  
Last saved at 12:17 pm

## Medications

Does the student require medication to be administered while at school?  Yes

A medication is any substance a person takes to maintain and/or improve their health.

Select a Medication Type  Over the Counter (OTC)  Prescription

Medication Information

Name of Medication \*  
Adderall XR 30 MG 24 HR Extended Release Oral Capsule

Date Started \*  
08/03/2016

Reason for Taking It  
ADHD

+ ADD CARE PLAN REMOVE MEDICATION

ADD MEDICATION

< SAVE & PREVIOUS SAVE & NEXT >

A doctor's order is required for prescription medication to be given at school. Please complete authorization forms with your school nurse.

# Over the Counter Medications

The screenshot shows the CareDox user interface. At the top left is the CareDox logo. The top right shows the user name 'Jony', a welcome message, and a language dropdown set to 'ENG'. Below this is a navigation bar with 'SAVE & CONTINUE LATER' and 'GO BACK' buttons. A sidebar on the left lists various form sections, with 'OTC Medication Permission' highlighted. The main content area is titled 'OTC Medication Permission' and contains a red warning message. Below the message is a list of eight medications, each with a 'NO' button selected. At the bottom of the form are 'Upload' and 'Download' buttons, and a footer with 'SAVE & PREVIOUS' and 'SAVE & NEXT' buttons.

General Information

Family Contacts

Allergies

Medical Conditions

Diet Restrictions

Emergency Contact

Immunizations

Insurance Information

Medications

**OTC Medication Permission**

Physician Information

Health History Questionnaire

Screenings

Consents

Health and Wellness Information

Required Documents

Medical Authorization

Jony  
Welcome!

ENG

SAVE & CONTINUE LATER

GO BACK

Last saved at 12:17 pm

## 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.

NO Acetaminophen

NO Anti-Itch Cream

NO Benadryl

NO Caladryl

NO Ibuprofen

NO Saline Eyewash

NO Antibiotic Ointment

NO Antacid

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

Upload


Download

< SAVE & PREVIOUS

SAVE & NEXT >

Over the counter student medication will still need to be supplied to the school.

# Physician Information

Jony  
Welcome! ENG

SAVE & CONTINUE LATER ← GO BACK

Last saved at 12:17 pm

- General Information
- Family Contacts
- Allergies
- Medical Conditions
- Diet Restrictions
- Emergency Contact
- Immunizations
- Insurance Information
- Medications
- OTC Medication Permission
- Physician Information**
- Health History Questionnaire
- Screenings
- Consents
- Health and Wellness Information
- Required Documents
- Medical Authorization

## Physician Information

Primary Provider/Doctor	Full Name * 🔍 Dr Goode	Phone (999) 999-9999	Email
Preferred Hospital	Full Name 🔍 Name	Phone (999) 999-9999	Email
Preferred Pharmacy	Full Name 🔍 First or Last Name	Phone (999) 999-9999	Email
Dentist	Full Name 🔍 First or Last Name	Phone (999) 999-9999	Email

+ ADD ANOTHER PHYSICIAN

← SAVE & PREVIOUS SAVE & NEXT →

Processing...

# Screenings

**CareDox**

Jerry Block  
Enrollment at 3rd grade 2016-17

Review pending 94 %

SAVE & CONTINUE LATER GO BACK

Last saved at 12:17 pm

### Enrollment Progress

- General Information
- Family Contacts
- Allergies
- Medical Conditions
- Diet Restrictions
- Emergency Contact
- Immunizations
- Insurance Information
- Medications
- OTC Medication Permission
- Physician Information
- Health History Questionnaire
- Screenings**
- Consents
- Health and Wellness Information
- Required Documents
- Medical Authorization

## Screenings

You are past due as of 2016-09-20 to provide your latest physical exam, please upload now

### Physical Examination Screenings

No Physical Exam History.

+ NEW PHYSICAL EXAMINATION

< SAVE & PREVIOUS SAVE & NEXT >

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I think we need to delete this screen.

# Consents

Home CareDox Jony Welcome! ENG

SAVE & CONTINUE LATER ← GO BACK

Last saved at 12:17 pm

## Consents

### Custom Consent

CareDox can digitize any consent forms such as medical release of information that your district requires parents to sign off on

Sign  SIGN

Typing your name will serve as the digital signature.

Signature Date

Your Name

Typing your name will serve as the digital signature.

< SAVE & PREVIOUS SAVE & NEXT >

- General Information
- Family Contacts
- Allergies
- Medical Conditions
- Diet Restrictions
- Emergency Contact
- Immunizations
- Insurance Information
- Medications
- OTC Medication Permission
- Physician Information
- Health History Questionnaire
- Screenings
- Consents**
- Health and Wellness Information
- Required Documents
- Medical Authorization

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SUNY FERPA

Merge with  
CHIRP consent  
slide.



# CHIRP (Children and Hoosiers Immunization Registry)

## CHIRP

I, parent or guardian, give the **Bartholomew Consolidated School Corporation**, permission to release the following information concerning my Child to the Indiana State State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): **child's name - first, middle and last, birthdate, parent or guardian name, immunization information, ethnic background, address and phone number.**

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school that is attended by the individual, a child care center, and the office of Medicaid policy an planning or a contractor of the office of Medicaid policy and planning. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3

**Please select one:**

I hereby consent to the release of such information.

# Health and Wellness Information

The screenshot displays the CareDox enrollment progress interface. At the top, the CareDox logo is on the left, and the user's name 'Jony Welcomet' and language 'ENG' are on the right. The main header shows 'Enrollment Progress' for 'Jerry Block' with 'Enrollment at 3rd grade 2016-17'. A progress bar indicates 'Review pending 94%'. Below this are buttons for 'SAVE & CONTINUE LATER' and 'GO BACK', with a note 'Last saved at 12:17 pm'. The left sidebar lists various enrollment steps, with 'Health and Wellness Information' selected. The main content area features three informational links: 'Flu is more dangerous than the common cold for children', 'Vaccines For Your Children: Protect Your Child at Every Age', and 'How can you ensure that your child is well nourished?'. At the bottom of the content area are 'SAVE & PREVIOUS' and 'SAVE & NEXT' buttons. The footer contains a 'SUPPORT' button, navigation links (FAQ, Contact Us, Blog, Privacy Policy, Terms & Conditions), and logos for HIPAA and FERPA. A copyright notice for CareDox, Inc. is at the very bottom.

Home CareDox

Jony Welcomet ENG

Enrollment Progress

Jerry Block  
Enrollment at 3rd grade 2016-17

Review pending 94 %

SAVE & CONTINUE LATER GO BACK

Last saved at 12:17 pm

## Health and Wellness Information

Flu is more dangerous than the common cold for children. [Learn more about the Flu >>](#)  
Content source: Centers for Disease Control and Prevention

Vaccines For Your Children: Protect Your Child at Every Age. [Learn more here >>](#)  
Content source: National Center for Immunization and Respiratory Diseases

How can you ensure that your child is well nourished? [Learn more here >>](#)  
Committee on Nutrition, American Academy of Pediatrics



< SAVE & PREVIOUS SAVE & NEXT >




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# Medical Authorization

 Jony  
Welcome!  ENG 

SAVE & CONTINUE LATER ← GO BACK

Last saved at 12:17 pm


## 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

Signed on Tuesday, September 20th 2016, 12:12:24 pm from Internet Address 24.104.45.130

**Jony block**

Relationship to Enrollee 

SUBMIT

← SAVE & PREVIOUS

# Enrollment complete

Once the enrollment process is completed by the parent, an email will be sent to the school nurse to approve the forms.