

## Are you logged in to Unified Classroom and don't see the form?

Please review the check list below if you are unable to access the forms.

Internet Browser - Please use Chrome or Firefox as your internet browser.
 Do not use Internet Explorer.



- Parent Account Are you logged in to your <u>PARENT</u> account? You can NOT be logged in as your child. Forms are only published to parent accounts.
- Device Try using a different device. Forms are not always visible when using a mobile device or tablet. Try logging in using a desktop or laptop computer.
- Clear Cache You may need to clear the cache on your computer. Log out of your Unified Classroom account and clear your cache. To clear your cache, hold down Shift + Ctrl + Delete. A new window will pop up. Click the box next to "cache" and then click the clear button. Log back into your Unified Classroom account.
- Password Reset If you already set up a Unified Classroom Parent account in the past but do not remember your password, please click on "FORGOT PASSWORD?" located on the Unified Classroom log in page and follow the

prompts.



## **Completing Heath Authorization and Health Information Forms**

1. Log in to your Unified Classroom Parent Account. Using your computer or tablet (not the PowerSchool app), visit our website <u>www.wtps.org</u>. Click on the PowerSchool Icon at the top of the page.



2. Log in to your Unified Classroom Parent account using your email address and password. DO NOT sign in with Microsoft or Google.

Welcome to Unified Classroom! Sign in with your PowerSchool ID.					
	PowerSchool ID 🔞				
	Enter your PowerSchool ID (your email address)				
	Password	8			
	Enter your password				
	Forgot Password?				
	Sign In				
— OR —					
	Sign In the Witch.				
	G Sign In Ge				

3. Click on **QUICK LINKS**.

D Unifi	ed Classroom					<b>ف 0</b> ۹
- 唱 ->	Dashboard					
Communication	Calendar	onday, August 24, 2020	>	.28	Upcoming Assignments  No assignments in the	given selection.
Progress 28 Calendar	Events To events	Assignments           Image: No assignments	Personal Reminder	0	Recent Assignments	View More >
*				View More >		View All >
Quick Links	Class Overview  No classes are scheduled in th	ne current term for this student.			Activity Feed No messages	L <sup>a</sup>
	Standard Progress					View More >

4. From the Quick Links menu, choose FORMS.

D Unifi	ed Classroom		<b>↓</b> ② Q
	Portal Login Page Main Portal Page		
Z	Current Grades and Attendance		Upcoming Assignments
Class Pages	Grade History	Monday, August 24, 2020	i No assignments in the given selection.
í 🔒 🕑	Teacher Comments	Assignments Personal Perminder 0	View More >
Progress	My Schedule	Assignments Personal Reminider	Recent Assignments
28 Calendar	School Bulletin	No assignments	i No assignments in the given selection.
R	School Information	Viau More >	View All >
Quick Links	Class Registration	View More >	Activity Feed
	Class Pages My Portal	duled in the current term for this student.	No messages
	Special Programs		View More >
	Special Programs Home Student Documents	eduled in the current term for this student.	
	Custom Links Alert Solutions Portal		
	Forms Special Education Home		

5. There are 2 separate forms that must be completed - the WTPS Annual Information Update-Health Authorizations and Heath Information. The forms will be listed under the General forms tab. Click on WTPS Annual Information Update – Health Authorizations.

Forms				
			Search forms	
Annual Inform	nation Update 20-21			
Status	Form Name	Form Description	Category	Last Entry
Empty	WTPS Annual Information Update - Health Authorizations		Annual Information Update 20-21	
Empty	WTPS Annual Information Update - Health Information		Annual Information Update 20-21	
pending	WTPS Annual mormation Update - Student Contacts		Annual Information Update 20-21	2020-09-08 07:51:16.0

6. Please read the form carefully, answer the authorization questions and provide your consent and signature. Click **"SUBMIT**".

WTPS Annual Information Update - Health Authorizations	WTPS Annual Information Update - Health Information	WTPS Annual Information Update - Student Contacts	
	There are no previous responses	s to this form.	
WTPS Annual Information Update - Health Authoriz	ations		× 10
Consent To Emergency Treatment * I do hereby authorize the officials of the NJ Public Sch necessary in an emergency for the health of said child to take whatever action is deemed necessary in their j your child will be taken to the nearest hospital only wh financially responsible for the emergency care and/ort © 1 agree	ools to contact directly the persons named on this pa . In the event that the physicians, other persons listed udgment, for the health of the aforesaid child. Informa en you cannot be reached. Your signature gives perm transportation of said child.	ge and do authorize the named physicians to render s d on this card or parents cannot be contacted, the sch ation on this page may be shared with other staff mem nission for emergency treatment if necessary and you	such treatment as may be deemed ool officials are hereby authorized ubers. In case of an emergency, will not hold the school district
Consent to Share Medical Information * I give permission for the nurse to share necessary me I agree I do not agree	dical information with teacher(s)/staff as the nurse de	ems appropriate.	
Parent/Guardian Signature I consent to the use of electronic signatures * ✓ I consent Parent/Guardian Signature * Your signature also certifies that you are a bona fide of Washington Township and have read the regulation of WTPS. Enter your name here	resident 9/11/2020		
			Submit 🔺

7. You will receive a message letting you know that your form was submitted. Click "OK".



8. Click on "WTPS Annual information update – Health Information" at the topo of the screen to access the next form.

WTPS Annual Information Update - Health Authorizations	WTPS Annual Information Update - Health Information	WTPS Annual Information Update - Student Contacts			
There are 1 previour responses to this form. (1 pending, 0 approved, 0 rejected) Last response status: pending					
WTPS Annual Information Update - Health Authorizations					
Consent To Emergency Treatment * <sup>  * </sup> I do hereby authorize the officials of the NJ Public Sch necessary in an emergency for the health of said child to take whatever action is deemed necessary in their ji your child will be taken to the nearest hospital only who financially responsible for the emergency care and/or t I agree I do not agree Consent to Share Medical Information * <sup>  * </sup> I give permission for the nurse to share necessary med I agree I do not agree	ools to contact directly the persons named on this pa . In the event that the physicians, other persons listed .dgment, for the health of the aforesaid child. Informe en you cannot be reached. Your signature gives perm ransportation of said child.	ge and do authorize the named physicians to render such d on this card or parents cannot be contacted, the school o ation on this page may be shared with other staff members nission for emergency treatment if necessary and you will i ems appropriate.	a treatment as may be deemed officials are hereby authorized s. In case of an emergency, not hold the school district		
Parent/Guardian Signature					

- 9. If you previously provided your child's medical contacts (doctor, dentist) the information may already be populated. If so, please verify that the information we currently have on file is correct. If it is not correct, please enter the correct information.
- 10. Answer each question on the form and click on "SUBMIT".

WTPS Annual Information Update - Health Information	i.	×
Medical Contacts		
Doctor Name *	Doctor Phone *	When did your child last see the doctor? *
Dentist Name *	Dentist Phone *	When did your child last see the dentist? *
Does your child currently have health insurance? *		
Medications Please list all medications, including non-prescription med	dications, that your child takes regularly.	
Medications		
		4
Medical History		
Check All That Apply *		
Heart Condition (with restrictions)	Heart Condition (without restrictions)	
Adverse Drug Reaction	Vision or hearing problems  Acthma (without medication)	Seizure Disorder
Other	□ None of these	
Does the student use an EpiPen? *		
⊖Yes ⊖No		
Date of last dental exam:	Description of Restrictions (if applicable):	Other health condition (if applicable):
Date of last allergic reaction: (if applicable)		
	Please note any allergies or adverse react	ions (if applicable):
Date of Last Exam (Glasses/Contacts):		
		4
Have their been any changes to your child's health in	the past year? *	
⊖Yes ⊖No		
Past Three Years		
Any hospitalizations? *		
⊖Yes ⊖No		
Any illness last more than a week? *		
⊖Yes ⊖No		
Any injuries requiring medical attention? *		
⊖Yes ⊖No		
		Submit
		Judini