We are here to help you!

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 **PARENT** 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.

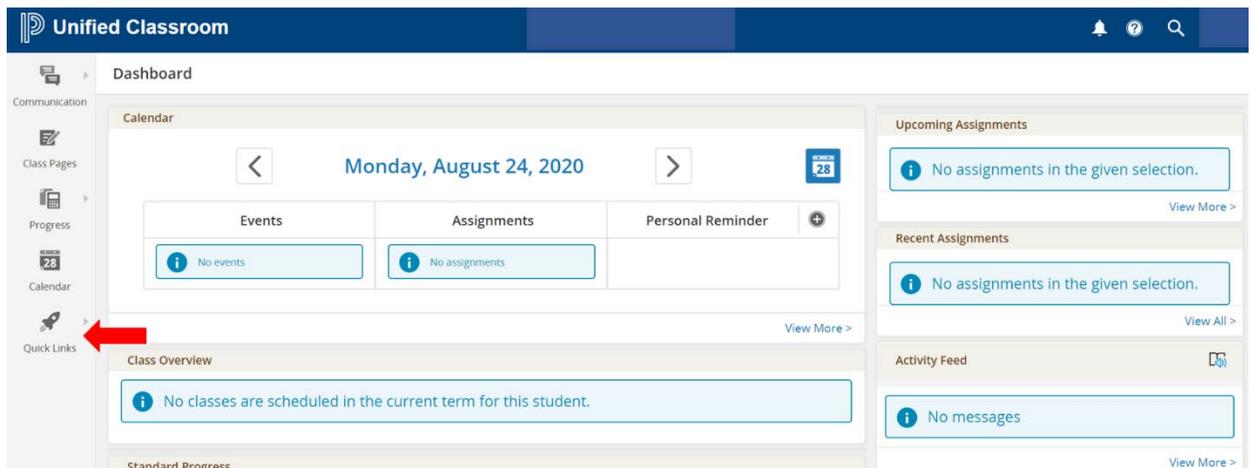# Completing Heath Authorization and Health Information Forms

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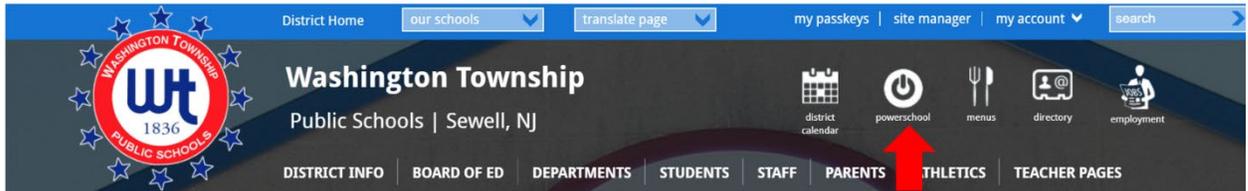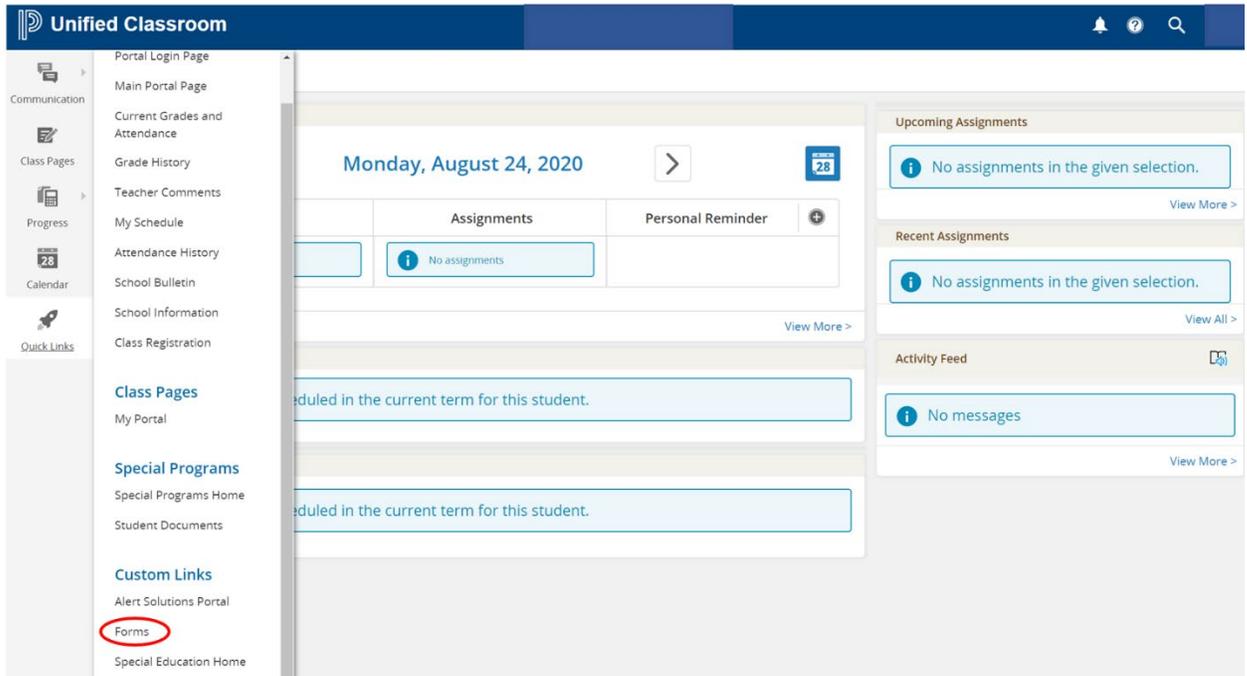

2. Log in to your Unified Classroom Parent account using your email address and password. DO NOT sign in with Microsoft or Google.
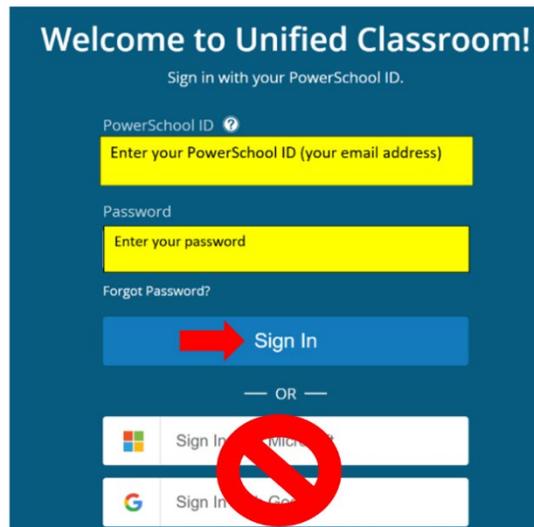
3. Click on **QUICK LINKS**.

4. From the Quick Links menu, choose **FORMS**.

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.

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

There are no previous responses to this form.

WTPS Annual Information Update - Health Authorizations

Consent To Emergency Treatment *
I do hereby authorize the officials of the NJ Public Schools to contact directly the persons named on this page and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that the physicians, other persons listed on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. Information on this page may be shared with other staff members. In case of an emergency, your child will be taken to the nearest hospital only when you cannot be reached. Your signature gives permission for emergency treatment if necessary and you will not hold the school district financially responsible for the emergency care and/or transportation of said child.

◉ I agree   ○ I do not agree

Consent to Share Medical Information *
I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

◉ I agree   ○ I do not agree

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 resident of Washington Township and have read the regulation policies of WTPS.

Date *
9/11/2020

Enter your name here

Submit

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

✓

Thank You!

Form Submitted!

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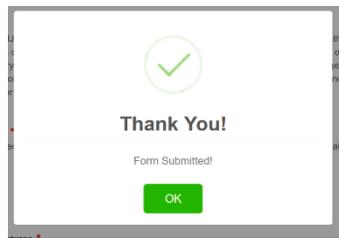
8. Click on "**WTPS Annual information update – Health Information**" at the topo of the screen to access the next form.

| WTPS Annual Information Update - Health Authorizations | WTPS Annual Information Update - Health Information | WTPS Annual Information Update - Student Contacts |

There are **1** previous responses to this form. (**1** pending, **0** approved, **0** rejected)
Last response status: **pending**

WTPS Annual Information Update - Health Authorizations

Consent To Emergency Treatment * ⚑
I do hereby authorize the officials of the NJ Public Schools to contact directly the persons named on this page and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that the physicians, other persons listed on this card or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. Information on this page may be shared with other staff members. In case of an emergency, your child will be taken to the nearest hospital only when you cannot be reached. Your signature gives permission for emergency treatment if necessary and you will not hold the school district financially responsible for the emergency care and/or transportation of said child.

◉ I agree   ○ I do not agree

Consent to Share Medical Information * ⚑
I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

◉ I agree   ○ I do not agree

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

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? *

○ Yes   ○ No

Medications

Please list all medications, including non-prescription medications, that your child takes regularly.

Medications

Medical History

Check All That Apply *

☐ Heart Condition (with restrictions)   ☐ Heart Condition (without restrictions)   ☐ Diabetes
☐ Adverse Drug Reaction   ☐ Vision or hearing problems   ☐ Braces
☐ Asthma (with medication)   ☐ Asthma (without medication)   ☐ Seizure Disorder
☐ Severe Allergies   ☐ Glasses   ☐ Contacts
☐ 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 reactions (if applicable):

Date of Last Exam (Glasses/Contacts):

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 ▲