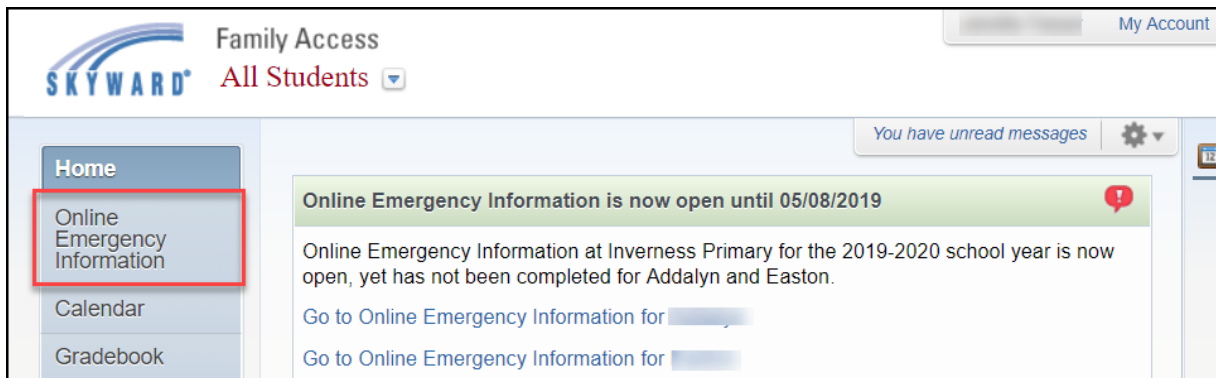
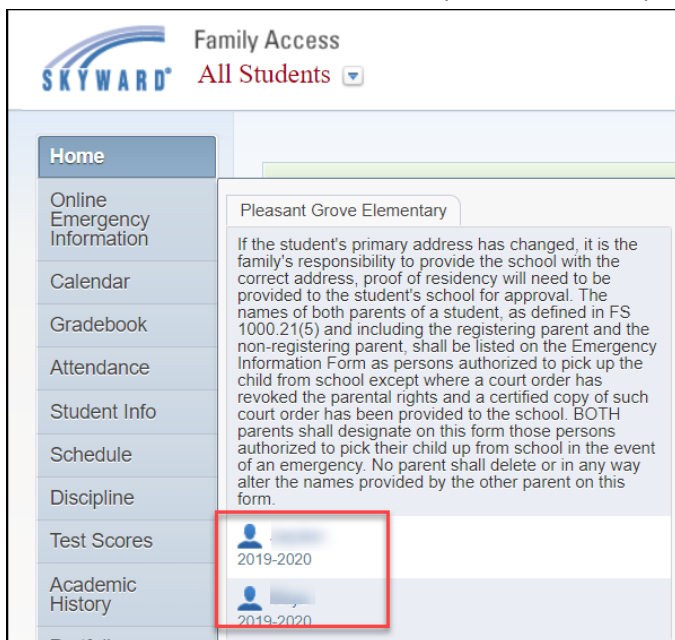


COMPLETE THE ONLINE EMERGENCY INFORMATION IN FAMILY ACCESS

STEP 1: After logging into Family Access, select **Online Emergency Information** on the left.



STEP 2: Select the student for which you want to complete the **Online Emergency Information**.



STEP 3: Complete Step 1a. Once this step is marked completed, the box **Next Step** on the right navigation menu will activate. Repeat for steps **1a-1e**. **Step 1c**, select **Receive a Paper Copy of Report Card** to receive a hard copy.



STEP 4: Review Court Order tab, indicate the appropriate answer. Select **Yes** only *if* existing supporting documents are on file at the school.

STEP 5: Review the **Health Info** information. Locate and click on the **Health Info Tab** on the left. Verify the information is Correct. To View Health Condition, click on **Display Options**.

Health Condition	School Year	School	Status	Treatment
ALLERGY, NON LIF THRT ENVIRON	2018-2019		Active	

STEP 6: After reviewing the information. Continue to **Health Information Verification**, acknowledge the **Health Info Tab** was reviewed. Click on **View Full Screen**. Use your electronic signature by selecting **I agree** and enter date. **Complete Step.**

STEP 7: Review the **Online Health Form**. Click on **View Full Screen**. *If no changes are needed select 'No' and complete the step. If changes are needed, select 'Yes'. Select the appropriate boxes or fill in the information in the spaces provided.*

Complete step.

Print Complete Step 3 and move to Step 4 Exit Full Screen

Does your student have a physical diagnoses of allergies or health conditions that needs to be updated? Yes No. *If your student does not have any corrections or update, please be sure to mark 'No'. Complete this step and move to step 5.*

Health Information

MEDICAID PERMISSION

I give permission for the Citrus County School District to request Medicaid eligibility reports and bill for Medicaid covered services provided to students as allowed by Federal and State guidelines. I give permission each time Medicaid is accessed for all reimbursable services, including health screenings and services referenced on the IEP. I further understand that I have the right to refuse release of any health information as provided by HIPAA and FERPA laws.

Signature: Relationship to Student: Date:

It is the responsibility of the parent/guardian to contact the School Nurse or Health Room Attendant directly each school year regarding medical interventions or treatments requested for their child.

ALLERGIES: Does your child have a physician's diagnosis of any of the following allergies? (check all that apply)

NON-LIFE THREATENING			LIFE THREATENING (Requires Medical Documentation)		
Food (List) <input type="text" value="Nuts"/>	<input checked="" type="checkbox"/>	B01	Food (List) <input type="text"/>	<input type="checkbox"/>	A01
Bee/Insect	<input type="checkbox"/>	B02	Bee/Insect	<input type="checkbox"/>	A02

STEP 8: Fill out the required information for Medical Release. Select **View Full Screen**. **Complete step.**

Family Access Online Emergency Information - Internet Explorer

https://skyward.citrus.k12.fl.us/scripts/wsisadll/WService=wsEaplus/sfonlinereg001.w

Print Exit Full Screen

Only members of the student's primary family may modify this step.

In the event of a medical emergency, if the school is unable to notify me or a temporary caregiver(s), I hereby authorize the Principal or Principal's designee to have my child, , transported to a clinic or to a hospital for emergency treatment. I will be responsible for all costs incurred.

MR Signature: Relationship to Student: Date:

Physician's Name: Physician's Phone Number:

STEP 9: Complete the PM Transportation.

Online Emergency Information

Step 5. PM Transportation (Required)

Print

Schedule

Parent Pickup

Day Care

Walker

District Message

- Verify Student Information Completed 05/09/2019 10:3
- Health Information Verification Completed 05/08/2019 11:26
- Online Health Form Completed 05/08/2019 11:26
- Medical Release Form Completed 05/09/2019 10:3
- PM Transportation

Step 10: Complete iPad Handbooks Steps.

Online Emergency Information

y 2019-2020)

Step 8. iPad Handbook Acknowledgement (Required)

Print

I acknowledge that I have read the iPad Handbook in its entirety.

Signature: Date:

After completing all steps select **Submit Online Emergency Information**.

District Message

- Verify Student Information
 - Student Information
 - Family Address
 - Family Information
 - Emergency Information
 - Emergency Contacts
- Court Order
- Health Information Verification
- Online Health Form
- Medical Release Form
- PM Transportation
- iPad Handbook
- iPad Handbook Acknowledgement**
- Complete Online Emergency Information

NOTE: After submitting the forms, the user will have the ability to review and make changes.