Health Information Survey

Please enter your student’s Health information through the MCPS CareDox application
To access Caredox, log into your Parent Portal Account.

https://powerschool.montgomery.k12.va.us/public

Contact your child’s school if you do not have a Parent Portal Account
Once you have logged into Portal click on the applications link.

Then click on the CareDox link that pops up
Click on View Health Profile
Click on Enrollments
On the enrollments page click on Start Enrollment or Continue Enrollment depending on your progress.
Complete the sections until you have completed each of the sections of the Survey.

At any time during the process you can stop, save, and continue at a later time. Just click *Save and Continue Later*.
There are 10 sections to complete. You will begin on General Information.
Check and confirm all of the information on the information page. Contact your school nurse with any needed changes.

Click NEXT to advance to the next section.
Care Plans- In cases where students need physician prescribed special medications or treatments then a care plan is necessary. If your physician needs a Care Plan Form, these forms can be found on the MCPS website. These forms are to be completed by the child’s doctor and parent and returned to the school nurse.

Go to http://www.mcps.org/parents/school_health/medical_care_plans
To download the necessary Care Plan form if needed.
Click on Add Allergy to add allergy information.

Click NEXT when finished.

At any time you can leave a note for the school nurse by clicking on the notes icon.
Insurance Information is optional despite the required information fields. Enter N/A if you do not want to share the Policy Number.
The Medication permission (Care Plan) form can be downloaded at http://www.mcps.org/parents/school_health/medications.

A Medication Permission Form is also required for over the counter medications. OTC medications must be provided to the school in unopened containers.

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Click next to proceed.
Complete the Primary Doctor Information (Required)

Optional Information that you can enter:
Preferred Hospital
Pharmacy and Dentist Information

Answer this question
Click Next
On the acknowledgements page please click the box to acknowledge reading the information, then click to electronically sign the acknowledgement.
Indicate whether you would like to receive information on additional insurance options. If you click yes then you will be sent additional information. Then click Next.
Click the box to give consent to medically treat your child at school as needed.

Then check the box to Electronically sign

And indicate the relationship to the student for whom you are completing this form.

Click Submit
When you submit, you will receive this message. If you have changes you can contact the school nurse at any time to make those changes.