

Online Health Care Form Information and Tutorial – Please read the entire document

Dear Camp Families,

In order for your child(ren) to attend any preschool/youth summer camp, School's Out Day, Holiday Camp or Spring Break Camp, you must enter and/or update your child's emergency contact and health care information online on an annual basis.

To complete the form, you will create a secure online account by entering your household number, 10-digit phone number and last name as they appear in our database and when you registered online for camp.

IMPORTANT: Gather all the information you need to complete the form **BEFORE** logging in. The form should be filled out **in its entirety – in one session, and takes around 30 minutes.** You should have information ready to enter for:

Parent & Guardian Contacts

Emergency Contacts

Additional Authorized Persons

Medical Information – (Doctors, Dentists, etc.)

Physical/Mental/Social Restrictions (optional)

Date of last tetanus shot

Allergies, Medications, Dietary/Food Restrictions

Insurance Company and Policy Number (optional)

In addition, you should already have read and be familiar with all of the information in the Parent Handbook, available at <http://dublinohiousa.gov/recreation-services/camps/> . You are required to sign an acknowledgement at the end of the online form.

First, go to the Recreation Services online registration page at <https://recreation.dublin.oh.us/vsiwebtrac.html>

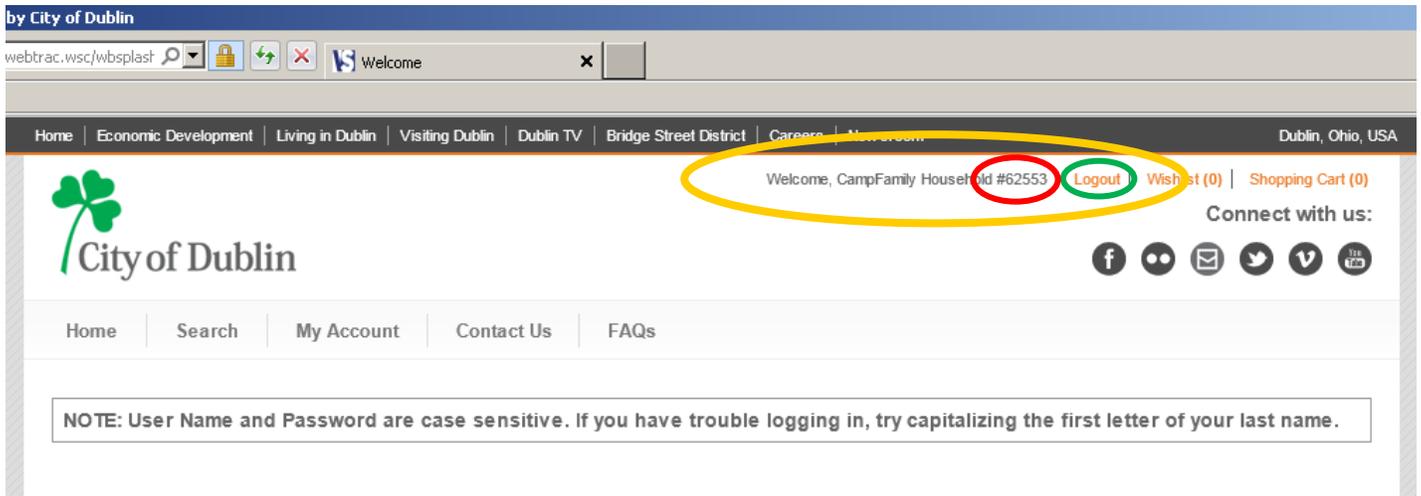
Enter the **User Name** and **Password** you normally use to register for activities. This is normally your 10-digit phone number (with no spaces or punctuation) and your primary household member's last name, which is context sensitive.

Click the **Sign In** button.

The screenshot shows the City of Dublin Recreation Services website. The top navigation bar includes links for Home, Economic Development, Living in Dublin, Visiting Dublin, Dublin TV, Bridge Street District, Careers, and New room. The user is logged in as a Guest. The main content area features a 'Member Login' form with fields for Username and Password, and buttons for Sign In and Reset. A red circle highlights the Sign In button. Below the login form is a 'Quick Links' section with links to Browse Activities, Browse Facilities, Event Calendar, and Contact Us. A 'Swim Lessons Registration' button is also visible. The bottom section contains a table of activities and facilities, and a 'Facility Reservations' button. The footer shows the City of Dublin logo and contact information.

Activities	Activities	Facilities
Adults	Sports - All Ages	Shelters
Adults 40+	Sports Camps	Birthday/Pool Parties
Aqua/c Fitness	Special Events	
American Red Cross Lifeguard/WSI	Special Needs	
Camps - Preschool & Youth	Swim Lessons	
Dublin City Schools Community Ed	Swim Teams & Diving	
Fitness - All Ages	Teen Activities & Camps	
Preschool	Theater Classes & Camps	
Senior Adult	Youth	

To determine your **Household #**, look at the upper right corner of the screen, and make note of the number.



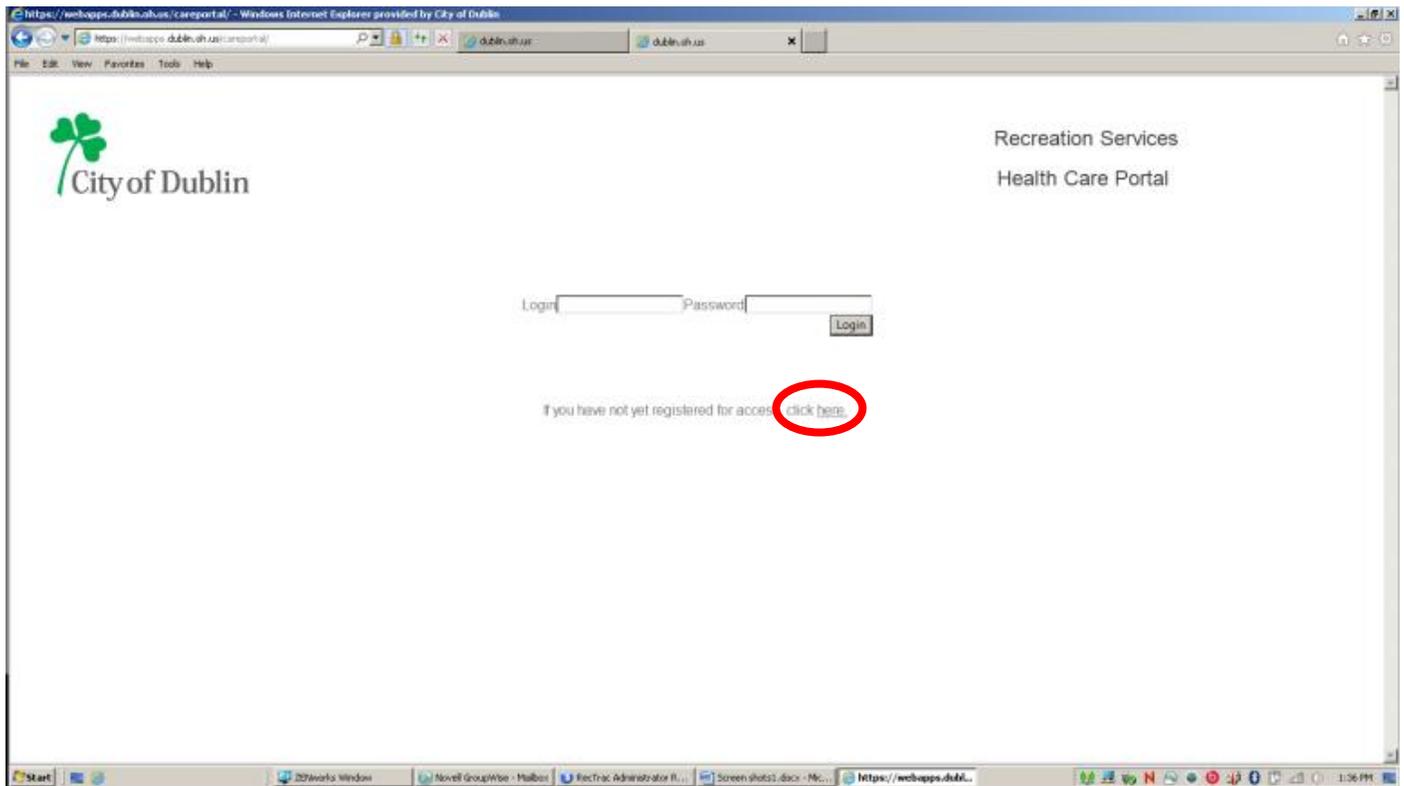
Click on **Logout** to exit the page.

You will now create a **new** account, user name and password for the online health care form site.

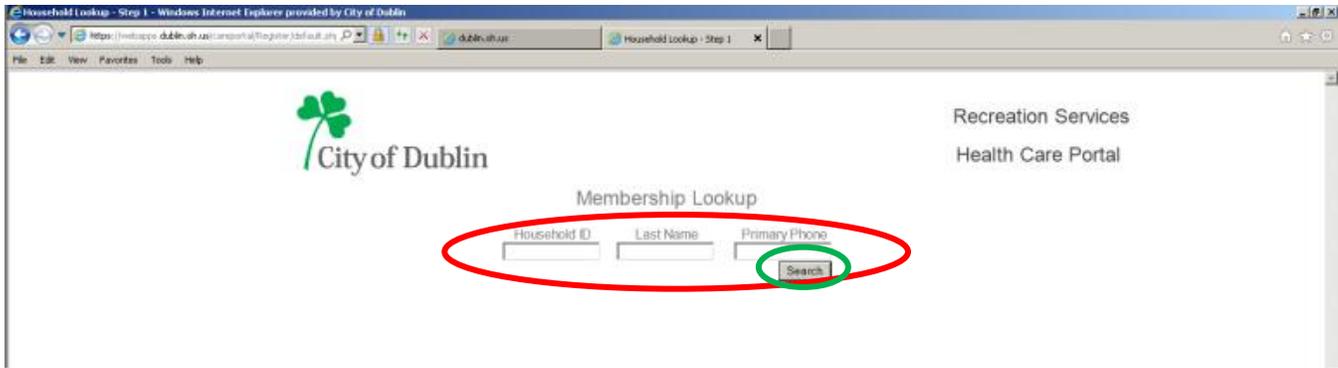
This is a secure website maintained by the City of Dublin. Your information will not be shared with any other third party and is only for staff use to ensure the well being of your child in our program.

Go to <https://webapps.dublin.oh.us/careportal/>

As a first time user, you do not yet have a Login and Password, so click on **here** at the end of the text.

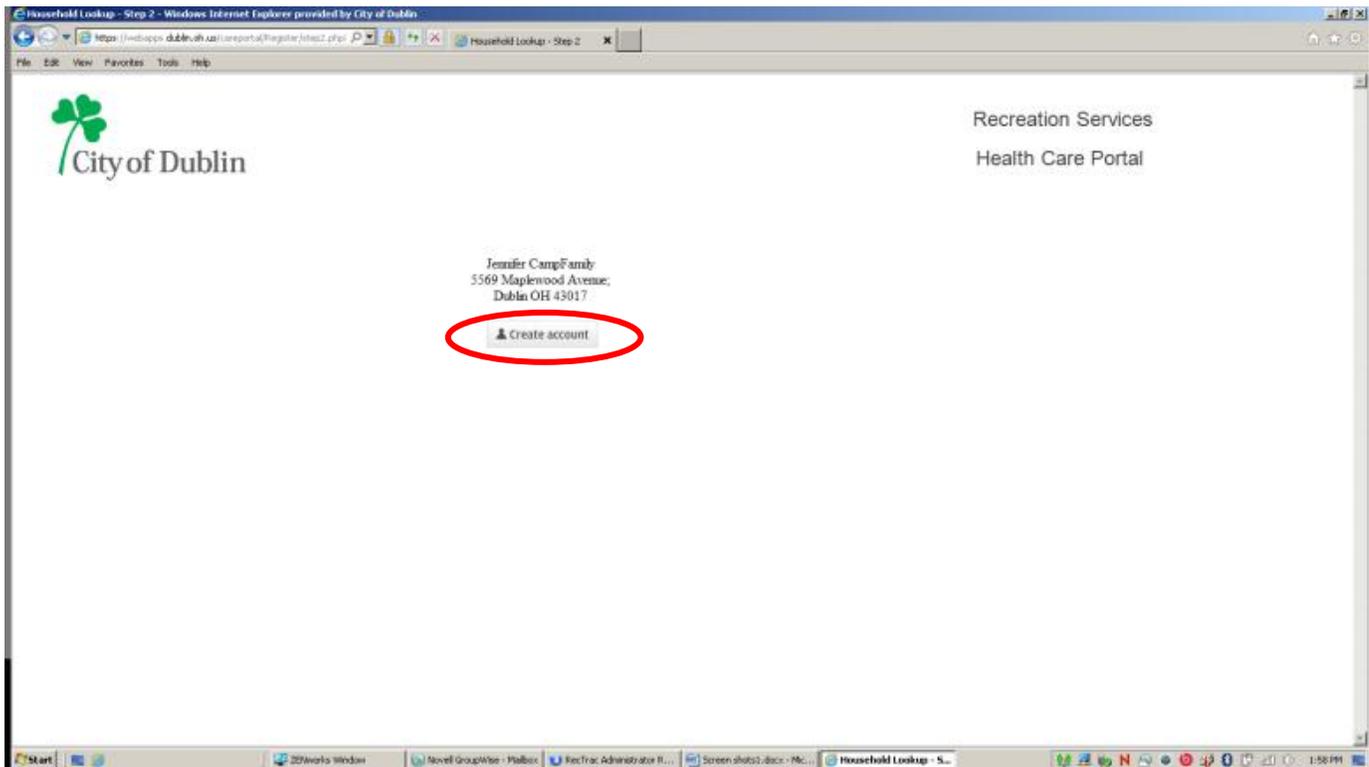


Enter you Household ID #, last name, and 10-digit phone number, the same ones you used to login to online registration. Click on the **Search** button.



Your household information should display – verify that it is correct. If it is not, call Recreation Services at 614.410.4550 to update your household information.

If the information is correct, click on **Create Account**.



Enter a unique Login and Password, and **remember/write it down**. You will use this **Login and Password** to fill out a new or update/change the health care form.

Click the **Add** button



City of Dublin
Recreation Services
Health Care Portal

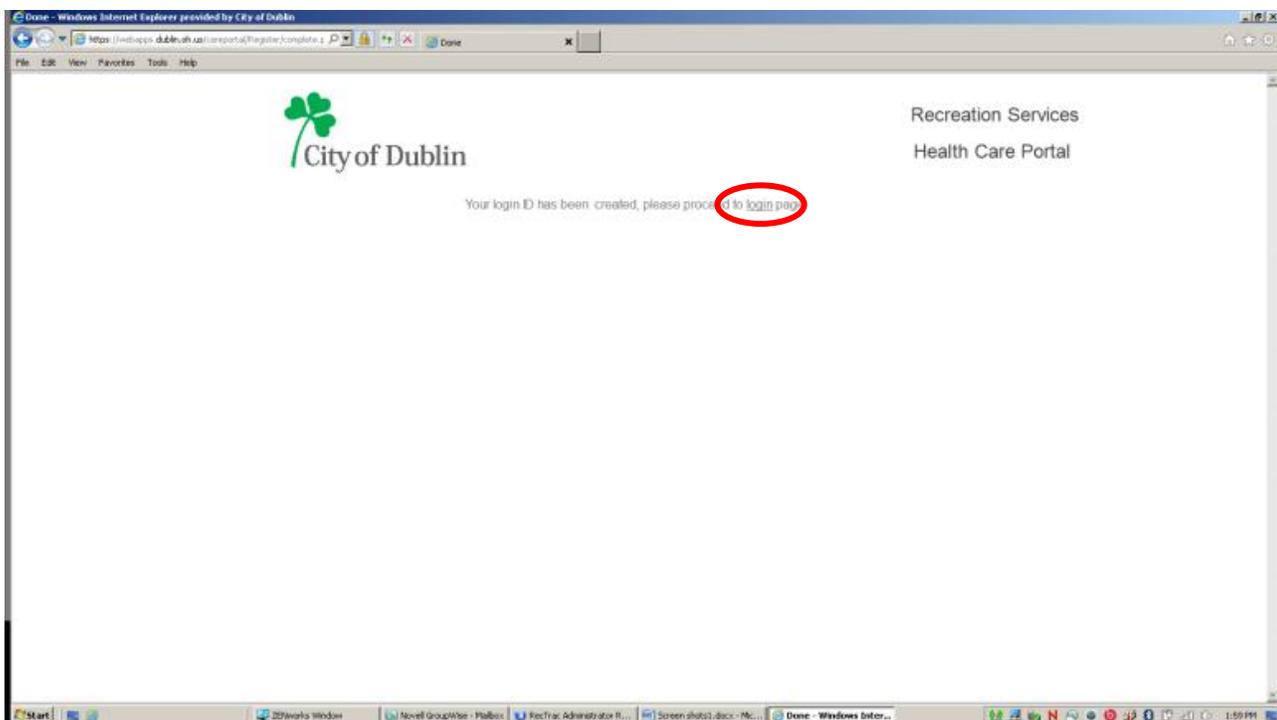
Create portal login ID and password

Login: CampFamily

Password: *****

Add

Click **login** at the end of the confirmation message

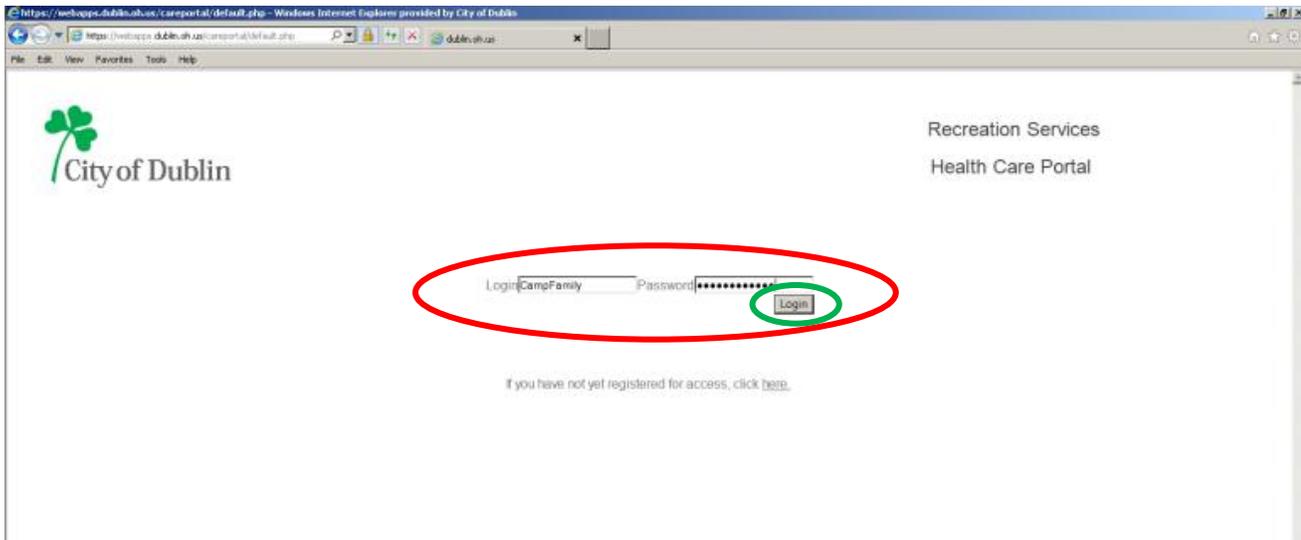


City of Dublin
Recreation Services
Health Care Portal

Your login ID has been created, please proceed to login page

IMPORTANT: Gather all the information you need to complete the form **BEFORE** logging in. The form should be filled out in its entirety – in one session.

Enter the **Login** and **Password** you just created, and click **Login**

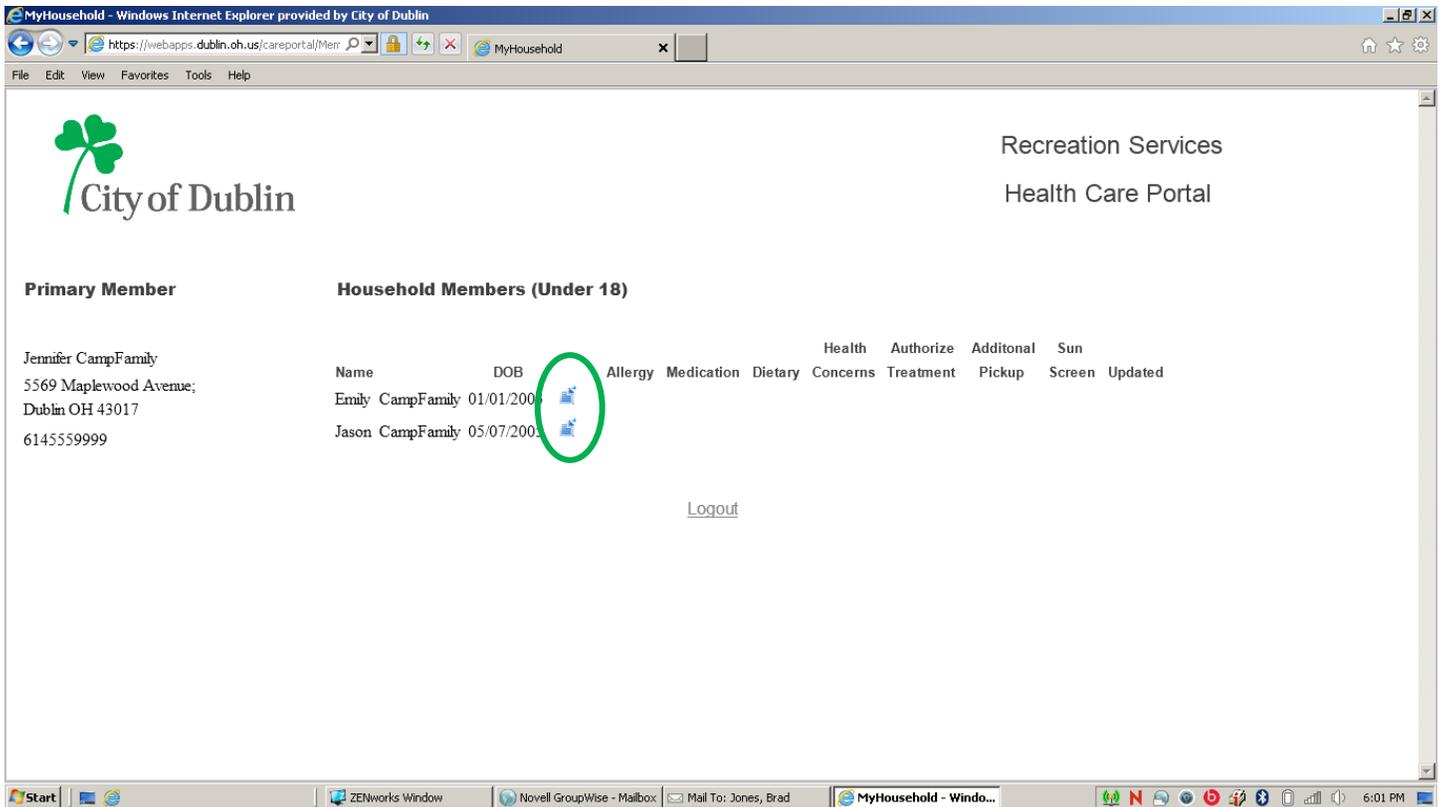


Your household information will display, along with the names and birth dates of your child(ren).

Verify that the information is correct. If it is not, **Logout** and call Recreation Services at 614.410.4550.

If all the information is correct, you may click on **the form icon** to begin entering information on the health care form for each child.

If you are ready to enter all the information required, click **the form icon** next to the child's name. Otherwise, **Logout** until you can gather it.



Continue filling out the form, remembering to click the **Submit** button for **every** new field and section, before moving on to the **Next** section. If you need to go back to a section, click the **Prev** button.

You may navigate the form using **Next** and **Prev**, but the information you enter will not be saved unless you click **Submit**.

YOU CANNOT LOGOUT OF THE FORM UNTIL IT IS COMPLETE. Once you reach the end of the form you must sign, date and submit the form.

If you don't have complete information to enter, click on the Next button until you reach the bottom of the form, then sign and submit.

Health Care Form - Windows Internet Explorer provided by City of Dublin

https://webapps.dublin.oh.us/careportal/Form/CareFRM11.pl

File Edit View Favorites Tools Help

Parent / Guardian Health History Authorization

The health history and all other information provided on this form is correct and complete as far as I know, and the participant herein described has permission to engage in all camp and other recreation activities except for the restrictions I describe herein, if any. I agree to abide by any restrictions I have described on this form or any other restrictions placed upon the participant by the City if the City deems any additional restrictions necessary based on information I have provided in this form.

I hereby give permission to The City of Dublin, Recreation Services to dispense prescribed medications listed on this form, to administer first aid, and to seek emergency medical treatment when the City deems it necessary. I give permission to the City to arrange necessary related emergency transportation for hospital care. The City will use reasonable efforts to notify me (or if I can't be reached, my emergency contact) in the event of an emergency, but I understand and agree the City may need to administer first aid or arrange for medical transportation before contacting me depending on the nature of the medical emergency.

This completed form may be accessed for trips away from the main recreation site. I agree to the release of any information maintained by the City to third party medical personnel regarding the participant if needed to render such first aid or arrange for the provision of emergency medical treatment, including emergency medical transportation.

I authorize treatment.

- OR -

I DO NOT authorize treatment.

For religious or other reasons I chose not to sign this, and do not authorize treatment for the participant listed above. **Selecting this option does not affect a participant's access to the program.**

INITIAL TO ADD YOUR DIGITAL SIGNATURE JCF DATE 5/7/2013

Parents/Guardians: All of the information provided on this form is accurate and current to the best of my knowledge, and I agree to abide by the guidelines and recommendations outlined on this form. I understand that if I would like to make changes to this form I may update it at any time. Only persons named as the custodial or secondary parent guardian are authorized to make changes to this form.

INITIAL TO ADD YOUR DIGITAL SIGNATURE JCF DATE 5/7/2013

Sign and Submit

Start ZENworks Window Novell GroupWise - Mailbox Screen shots1.docx - Mic... Health Care Form - Wi... 11:57 AM

You are returned to your Household screen. You'll see a summary of the form, indicating which sections of the form you have completed and/or entered information. If you do not see an icon beneath a category, or it is a red "x", it indicates that you did not enter any information in that category. Also notice that the **form icon** next to your child/s name will change position to reflect its status. A form that has been completed will shift to the right, while forms that need to be filled out will be displayed to the left and have no icons displayed. You may click on either icon to update your form or begin a new one.

If you need to update or change any information on a completed form, click the icon, and use the **Next** button to navigate the form. Update information in each section as needed, then click **Submit**. Continue through the entire form, then **Sign and Submit** again to return to the Household screen. Once all forms have been completed, click the **Logout** button.

MyHousehold - Windows Internet Explorer provided by City of Dublin

https://webapps.dublin.oh.us/careportal/MemberAcc/Member

File Edit View Favorites Tools Help

City of Dublin

Recreation Services
Health Care Portal

Primary Member

Jennifer CampFamily
5569 Maplewood Avenue,
Dublin OH 43017
6145559999

Household Members (Under 18)

We have been alerted to the following conditions:

Name	DOB	Allergy	Medication	Dietary	Health Concerns	Medical Treatment	Additional Pickup	Sun Screen	OK to Photo	Updated
Jason CampFamily	05/07/2005					✗	✗	✗	✓	
Emily CampFamily	01/01/2003	ⓘ	ⓘ	ⓘ	ⓘ	✓	✓	✓	✓	05/10/2013

You have authorized:

Medical Treatment: ✗
Additional Pickup: ✗
Sun Screen: ✗
OK to Photo: ✓

Logout

If you have any difficulties completing your form, or questions prior to creating your account, please contact Recreation Services camp staff:

Preschool/Youth:

Sharon Adamek

Payment Specialist

sadamek@dublin.oh.us

614.410.4575

Erin Duffee

Preschool/Youth Program Supervisor

eduffee@dublin.oh.us

614.410.4558

Jill Niswonger

Logistics Specialist

jniswonger@dublin.oh.us

614.410.4596

Jennifer Vosters

Preschool/Youth Coordinator

jvosters@dublin.oh.us

614.410.4573

Teens:

Scott Hanks

Teen Program Supervisor

shanks@dublin.oh.us

614.410.4557

Stacie Neilan

Program Specialist

sneilan@dublin.oh.us

614.410.4578