



# Submit Emergency and Identification Information

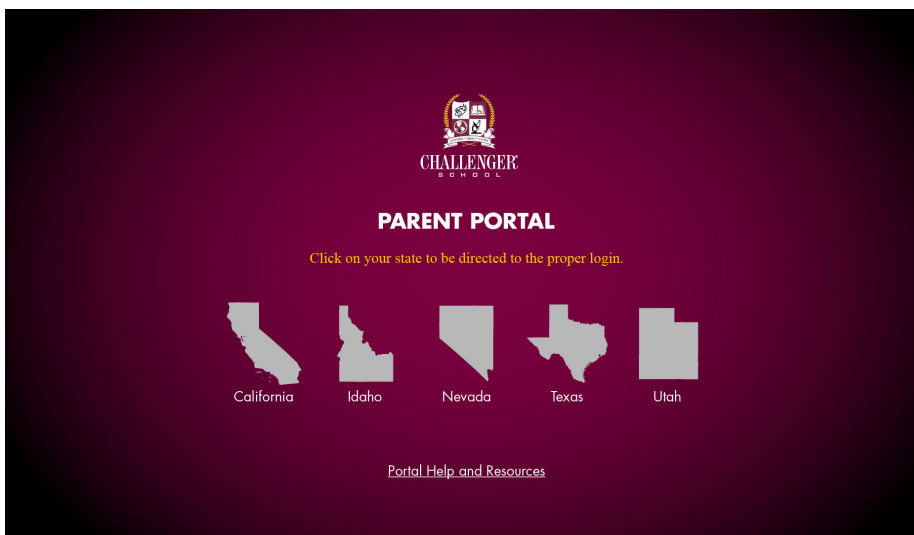
These instructions will help you review, update, and submit emergency and identification information in PowerSchool to ensure that our records have current student health, custody, and emergency contact information.

For each enrolled child, a parent will need to complete this step at the beginning of each school year and throughout the year when changes occur.

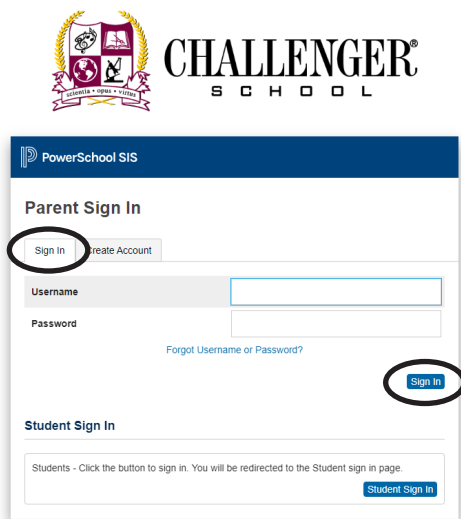
To begin, from our website click Parent Portal.



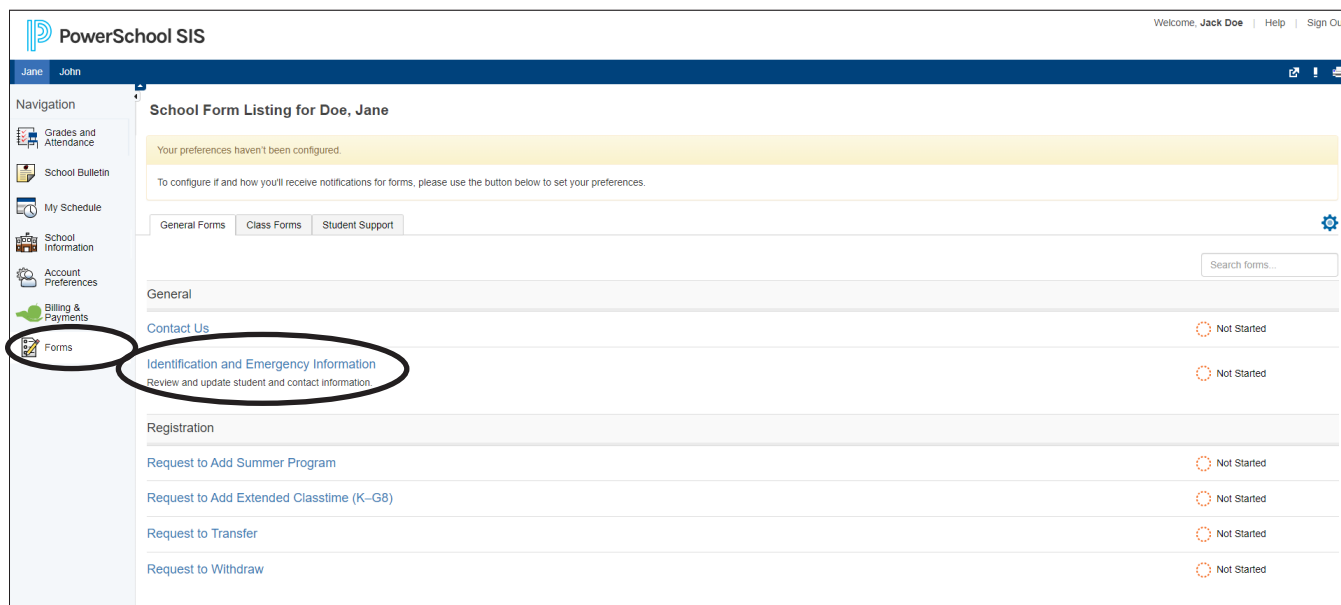
Then, click on the state where your child will attend school to be directed to the proper login.



Next click the Sign In tab, enter your username and password, and click Sign In.



Within PowerSchool, on the left side under Navigation, click Forms. Then click on Identification and Emergency Information to review the student information Challenger currently has on file for your child.



Review, and update as necessary, the information in the fields for names, addresses, allergies, medical needs, special conditions, and custody.

<b>Legal First Name</b> <input type="text" value="Jane"/>	<b>Middle Name</b> <input type="text"/>	<b>Last Name</b> <input type="text" value="Doe"/>
<b>Preferred First Name</b> <input type="text"/>		
<b>Address where child resides:</b>		
<b>Address</b> <input type="text" value="123 S Main Street"/>	<b>City</b> <input type="text" value="Anytown"/>	
<b>State</b> <input type="text" value="Utah"/>	<b>Zip Code</b> <input type="text" value="84070"/>	
<b>Mailing address:</b>		
<b>Address</b> <input type="text" value="123 S Main Street"/>	<b>City</b> <input type="text" value="Anytown"/>	
<b>State</b> <input type="text" value="Utah"/>	<b>Zip Code</b> <input type="text" value="84070"/>	
<b>Allergies, Medical Needs, and Special Conditions</b> Please provide all pertinent information below regarding long term / permanent medical conditions or allergies that affect your child. <input type="text"/>		
<b>Temporary Medical Condition</b> Please provide all pertinent information below regarding a temporary medical condition, and enter the date the condition will end. <input type="text"/>		
<b>Ends:</b> <input type="text" value="01/01/1900"/>		
<b>Custody Information</b> Please provide all pertinent information regarding special custody circumstances. If you have a legal document regarding custody (e.g., divorce decree, protective order, termination of parental rights), please notify us. <input type="text"/>		

Then, review the Student Contact Information to ensure that we know who to contact and how to contact the school pickup people and emergency contacts when necessary.

To edit the contact's information, click on the pencil icon. To delete the contact, click the X. To add a new contact, click Add.

**Student Contact Information**  
In the event of an emergency, Challenger will first attempt to reach contacts who have custody of the child and then any other emergency contacts. Anyone you list as an emergency contact must 1) have agreed to pick up your child in the event of an emergency or illness and 2) understand enough English to respond to any situation. Emergency contacts are by default identified as people who are authorized to pick up your child from school.

To add a new contact, click the Add button below. To delete a contact, click the "x" in the individual contact's box. To edit a contact, click the pencil icon in the individual contact's box and update any information.

\*

<p><b>Jack Doe</b> Father</p> <p>123 Main St Anytown, Utah, United States 84070 801-569-2700 (Mobile) jodeesplin99+test225@gmail.com</p> <p> </p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Lives with Student</li> <li><input checked="" type="checkbox"/> Custody</li> <li><input checked="" type="checkbox"/> School Pickup</li> <li><input checked="" type="checkbox"/> Emergency Contact</li> <li><input checked="" type="checkbox"/> Data Access</li> </ul>	<p><b>Jennifer Doe</b> Mother</p> <p>123 Main St Anytown, Utah, United States 84070 801-569-2700 (Mobile) momdoe@mail.com</p> <p> </p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lives with Student</li> <li><input type="checkbox"/> Custody</li> <li><input type="checkbox"/> School Pickup</li> <li><input type="checkbox"/> Emergency Contact</li> <li><input checked="" type="checkbox"/> Data Access</li> </ul>
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Apply all of these contacts to:  
This will override settings made to an individual contact.

Doe, John

When adding a new contact, all fields marked with a red asterisk are required.

The 'Add Contact' form contains the following fields and options:

- First Name \* (text input)
- Middle Name (text input)
- Last Name \* (text input)
- Gender (dropdown menu)
- Relationship \* (dropdown menu)
- Employer (text input)
- Address (text input) with an 'Add' button
- Phone \* (text input) with an 'Add' button
- Email (text input) with an 'Add' button
- Permissions section: 'Lives with Student \*' with radio buttons for 'Yes' and 'No'

Below the form, there are 'Cancel' and 'Add' buttons.

Note that you can apply contacts and their changes in the Student Contact Information section to your other enrolled children by clicking the box. However, you will not be able to see the applied changes to any of the information until the form has been approved by your campus office.

**Jack Doe**  
Father

123 Main St Anytown, Utah, United States 84070

801-569-2700 (Mobile)

jodeesplin99+test225@gmail.com

- ✓ Lives with Student
- ✓ Custody
- ✓ School Pickup
- ✓ Emergency Contact
- ✓ Data Access

Apply all of these contacts to:  
*This will override settings made to an individual contact.*

Doe, John

Next, review the information we have on file for your child’s physician and dentist. Edit as necessary.

When you have finished reviewing and updating the information, click Submit at the bottom of the page even if you didn’t make any changes so we know that you have reviewed the information.

Medical Contact Information

**Physician Information**

<b>Name</b> <input type="text" value="Doctor Name"/>	<b>Phone</b> <input type="text" value="(800) 789-4567"/>
<b>Address</b> <input type="text"/>	<b>City</b> <input type="text"/>
<b>State</b> <input type="text" value="x"/>	<b>Zip Code</b> <input type="text"/>

**Dentist Information**

<b>Name</b> <input type="text" value="Dentist Name"/>	<b>Phone</b> <input type="text" value="(800) 123-7654"/>
<b>Address</b> <input type="text"/>	<b>City</b> <input type="text"/>
<b>State</b> <input type="text" value="x"/>	<b>Zip Code</b> <input type="text"/>

You will receive a confirmation that your form has been submitted before returning you back to the Forms page. You will need to complete and submit an identification and emergency form for each child attending Challenger School.

