### How to Update Your Child's Emergency Information in Aspen

This process may be used to update your child's emergency information. It is required at the beginning of each school year. It will pull the current information we have listed for your child, so if you entered the form previously, those values will display. If all values are correct, you will still need to open the form and click the "Next" button, then the "Finish" button to submit it. This indicates that you have reviewed the information listed for your child.

Logging in

Initiate the form

Watch out for Time Outs

**Student Demographics** 

**Contacts** 

Medical Information

Policy Signoffs

Submitting the form

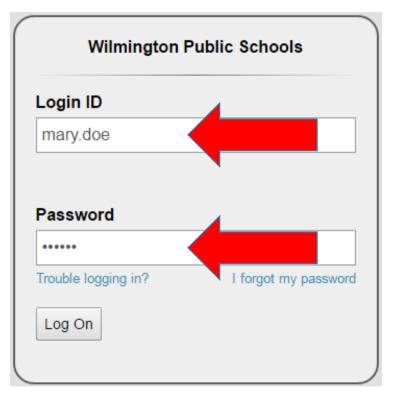
What's next?

### Logging in

1. Navigate to the Wilmington Aspen Family Portal site. You can find a quick link on our website or use the following direct link: <u>https://ma-wilmington.myfollett.com</u>.

Aspen		About A
	Wilmington Public Schools	
	Login ID	
	Bernund	
	Password	
	Trouble logging in? I forgot my password	
	Log On	

2. Enter your login ID and password. If you have misplaced or forgotten your login information, you can email <u>aspenhelp@wpsk12.com</u> for assistance.



3. Click the Log On button.

Login ID	
mary.doe	
Password	
Password	
	I forgot my passwore

## Initiate the form

1. From the main Page, click on the word "here" in the announcement to begin. Note: The Initiate button in the Tasks widget can also be used. You may need to go to Set Preferences, click on the Home tab and check the box for Tasks to see it.

	mington	Public Scho	ools 2015	-2016	Se .	-								Set Preferences Li Family	og Off View
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	Announce	ements													
Home Page Directory	• P	arents/Gua	rdians: (	Click here	to verify	/update y	your child'	's er	nerge	ency in	formatio	on.			
							Doe, Matthew ▼								
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	Received		Workflow		Task	Subject		File	ename	D	ateUploaded	1	Creator	Description	
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2. A new popup will open. Make sure the workflow says "Student/Contact Emergency Info".

Aspen: Initiate Workflow - Google	Chrome							
https://ma-wilmington.myfollett.com/aspen/initiateWorkflow0.do?deploymentId=ma-wiln								
Initiate Workflow: Workf	Initiate Workflow: Workflow Selection Step 1 of 3							
Workflow	Student/Contact Emergency Info							
Date	7/26/2018							
Student	Q							
< Back Next >		Finish Cancel						

3. Click on the magnifying glass to choose which child you will be submitting the form for.

Aspen: Initiate Workflow -	Google Chrome					
https://ma-wilmington.myfollett.com/aspen/initiateWorkflow0.do?deploymentId=ma-wiln						
Initiate Workflow: Workflow Selection Step 1 of 3						
Workflow	Student/Contact Emergency Info					
Date	7/28/2018					
Student						
< Back Next >		Finish Cancel				

4. If you only have one child in the district, only his or her name will be displayed and the radial will be selected. If you have more than one child, select the radial button next to one of them. Click on OK to continue. NOTE: This process collects medical information, so it needs to be completed once for each child.

V Student Pick List - Google Chrome								
https://ma-wilmington.myfollett.com/aspen/pickList.d								
2 records 🥖								
	Name	YOG	Homeroom					
۲	Doe, Jane	2015						
	Doe, Matthew	2026						

5. Once the child's name is displaying in the main form window, click on Next.

	💊 Aspen: Initiate Workflow - Google Chrome 📃 🔲 💌						
Ć	https://ma-wilmington.myfollett.com/aspen/initiateWorkflow0.do						
I	Initiate Workflow: Workflow Selection Step 1 of 3						
	Workflow	Student/Contact Emergency Info					
	Date	7/26/2016					
	Student	Doe, Jane 🔍					
•							
Ľ	< Back Next >		Finish Cancel				

6. To avoid the left to right scroll bar, click on the Maximize button.

💊 Aspen: Initiate Workflow - Google Chrome	
https://ma-wilmington.myfollett.com/aspen/initiateWork	flow1.do?validWiz_rd=true
Initiate Workflow: Details	Step 2 of 3
Student/Contact Emergency Info Details for Doe, Jane	A
	Wilmington Public Sc Student/Contact Emergen
	Instructions
<ul> <li>This process will be used at the beginning of each school year to collect and instructions, including a short video and a step-by-step guide, please visit the instructions, including a short video and a step-by-step guide, please visit the important.</li> <li>Scroll down and review all sections.</li> <li>Do not use your browser's back arrow. Only use the "Back" or "Cancel" butto.</li> <li>Required fields are marked with *. You will receive an error if these are not a when you are done, scroll all the way to the bottom and click on Next. You</li> <li>You should receive a confirmation email once you click on Finish.</li> <li>The information will be sent to the school's main office for review. Changes</li> <li>You will not be able to submit an additional form for your child until the rev.</li> <li>You will receive an automated email once the office review is complete. Any</li> <li>If you are requesting a change in address for your child, you will need to</li> </ul>	e Tutorials section on our Aspen Help, ons at the bottom of the form window. filled out. <b>must click on Finish to submit.</b> <b>will not be updated in Aspen until thi</b> view is complete. y changes you have made will be show
Custody agreements.       Please review your child's basic demographic information below. If you c       <       Back     Next >	Student Demographic hange your child's address, you will *

7. The form contains sections for Student Demographic Information, Contacts, Medical Information and Policy Signoffs. Each section will have a different color background.

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Subards: Contact Emergency Into Details for Date, Jame	🔒 https://ma-wilmi	ngton.myfollett.com/aspe	en/initiateWorkflow1.d	lo?validWizard=true	9					
	Initiate Workflow	: Details					Step	2 of 3		
	Student/Contact Emerg	ency Info Details for Doe, Jane								
		Wilmington Public Schools								
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Please review your child's basic demographic information below. If you change your child's address, you will need to submit appropriate documentation to his/her school's Main Office before the changes are approved.       Image: Comparison of	agreements.									
For more information about Family Military Status, click here.       Students         Student Details       Jane         Last Name       Doe         Students       Primary         Primary       978-024-0000         Primary       Brind dee@wsk12.com         Students       Primary         Email       Address         Address       Mailing Address (if different)         Address       Address         Address       Address         Apt       Apt         City, State       City, State Zip         Wimington, MA.01987       City, State Zip         Zip       "Phone" I' Primary parentiguardian         Phone I' Primary parentiguardian       "Phone" City, State Zip         The Emergency Priority 1       Primary parentiguardian         Phone" I' Second parentiguardian       "Phone" I' Sued as the first point of contact to call or email families directly for one-to-one communication from the districtschool. The contact set as Emergency         Priority 1       Primary parentiguardian       "Phone" I' Sued as the first point of contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 orntact are attempted before another contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 Primary parentiguardian         This				Student Demo	graphic Informatio	on				
Student Details         Last Name       Dee       First Name       Jane       Middle Name       Marie         Student's Firmary       078-694-8000       Primary       Student's Primary       Student's Alternate Email         HouseNold member in       Physical Address       Mailing Address (If different)       Student's Alternate Email         Address       22 Gater Lane       Address       22 Gater Lane         Apt       Apt       City, State       City, State Zip       Winngton, MA 31887         The Emergency Priority number is used in the following way by the district:       City, State Zip       Winngton, MA 31887         Emergency Priority 1       Primary parent/guardian       "Phonof1", "Primary Email" and "Alternate Email" is used by our notification system to send general communication from the district/techool. The contact set as Emergency Priority 11 Su set as the first point of contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 Contact are attempted before another contact.         Emergency Priority 2       Second parent/guardian       "Phonoof1", Primary Contact to cult or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.         Emergency Priority 1       Primary parent/guardian       The contact is not used with the notication system, however, staff may use this contact should they need to contact someone directly about your child (ex:				our child's address, you	will need to submit appr	opriate documentation to h	is/her school's Main Office before the changes are approv	/ed.		
Last Name       Gee       First Name       Jane       Middle Name       Mane         Students       Students       Students       Students       Students Alternate Email         Prinnary       972-604-8000       Prinnary       Students Alternate Email       Students Alternate Email         Household       member in       Milling Address (if different)       Students 22 Carter Lane       Address       22 Carter Lane       Address       22 Carter Lane       Address       22 Carter Lane       Adt       Adt       Students 21 City, State       City, State Zip       Wimington, MA 01887       City, State Zip       Wimington, MA 01887       Contacts         The Emergency Priority 1       Primary parent/guardian       "Primary Email" and "Alternate Email" is used by our notification system to send general communication fom the district/school. The contact set as Emergency         Emergency Priority 1       Primary parent/guardian       "Priorate to contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 is contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 is contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.         Emergency Priority 2       Second parent/guardian       The scontact is not used with the nofification system, however, staff may use this contact should they		bout running initially oracio, one								
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Military       Physical Address       Mailing Address (if different)         Address       22 Cater Lane       Address       22 Cater Lane         Address       22 Cater Lane       Apt       City, State       Apt         City, State       City, State Zip       City, State Zip       Wimington, MA 01887         City, State       City, State Zip       Wimington, MA 01887       City, State Zip         The Emergency Priority number is used in the following way by the district:       "Phone01", "Primary Email" and "Alternate Email" is used by our notification system to send general communication from the district/school. The contact set as Emergency         Emergency Priority 1       Primary parent/guardian       "Phone01", "Primary Email" and "Alternate Email" is used by our notification system to send general communication from the district/school. The contact set as Emergency         Emergency Priority 1       Primary parent/guardian       "Phone01", "Primary Email" and "Alternate Email" is used by our notification system to send general communication from the district/school. The contact set as Emergency         Emergency Priority 1       Primary parent/guardian       "This contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.         Emergency Priority 2       Second parent/guardian       This contact to used with the notification system; however, staff may use this contact should they need to contact smeone directly about your c					-					
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	Emergency Priority 2					contact should they need to o	contact someone directly about your child (ex: if primary cont	act		
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Seek Next>	a Darth - North		rnis contact will have first han	ne Second Auto and las	thame Call Litcañ be u	sed for an additional phone r		L Oner i		

#### 8. Review the Instructions section. This includes important information about the process and what to expect.

Instructions
This process will be used at the beginning of each school year to collect and ensure emergency information is accurate. It may also be used to update contact information during the school year as needed. For full instructions, including a short video and a step-by-step guide, please visit the Tutorials section on our Aspen Help page at WP4 Ampen Help Page.
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• Scroll down and review all sections.
• Do not use your browser's back arrow. Only use the "Back" or "Cancel" buttons at the bottom of the form window.
Required fields are marked with *. You will receive an error if these are not filled out.
• When you are done, scroll all the way to the bottom and click on Next. You must click on Finish to submit.
• You should receive a confirmation email once you click on Finish.
• The information will be sent to the school's main office for review. Changes will not be updated in Aspen until this is complete.
You will not be able to submit an additional form for your child until the review is complete.
You will receive an automated email once the office review is complete. Any changes you have made will be shown in Aspen after the review.
If you are requesting a change in address for your child, you will need to provide appropriate documentation to the school's main office. Current documentation should also be provided in cases of legal custody agreements.

# Watch out for Time Outs

If you see the following screen at any point in the process, make sure to click on Continue. If you do not, you will lose any information entered and have to start the task over again.

🔪 Aspen: Initiate Workflow - Google Chrome	
🔒 https://ma-wilmington.myfollett.com/aspen/initiateWorkflow1.do	
Initiate Workflow: Details	Step 2 of 3
Emergency Card/Contact Update Details for Doe, Jane	
Overview Student Demographics Contacts Medical Handbook	
Please review your child's basic demographic information below. If you change the student's address, you will need to submit appropriate documentation to his or her Main Office before the changes a	re approved.
For more information about Family Military Status, please visit: http://www.mic3.net	.   .
Student Details	
Last Name Doe First Name Jane Middle Name Marie	
Student's Email	
Address	
Military	
Physical Address Mailing Address (if different)	
Address     Address	
Apt Apt	
City, State Zip Vour session will expire in less than	
one minute. 56	
Would you like to continue with your session?	
, i i i i i i i i i i i i i i i i i i i	
< Back Next>	Finish Cancel

# Student Demographics

1. Review the Student Demographic Information section.

Student Demographic Information Please review your child's basic demographic information below. If you change your child's address, you will need to submit appropriate documentation to his/her school's Main Office before the changes are approved. For more information about Family Military Status, click here .						
Student Deta	ils					
Last Name	Doe	First Name	Jane		Middle Name	Marie
Student's Primary Phone	978-894-8000	Student's Primary Email	jane.doe@wpsk12.com		Student's Alternate Email	
Household member in Military						
Physical Add	<u>Iress</u>		Mailing Address (if diffe	rent)		
Address	161 Church		Address			
Apt			Apt			
City, State Zip	Wilmington, MA 01887		City, State Zip			

2. The fields that have white spaces are available to update if needed. Click into the field to add, remove or change the information listed. *NOTE: If there is an update to the child's address, the office will need appropriate proof of residence before approving the change.* 

	ew your child's basic demographic information bel formation about Family Military Status, click here .			graphic Informatio will need to submit appro		her school's Main Office before the changes are approved.
Student Det	ails					
Last Name	Doe	First Name	Jane		Middle Name	Marie
Student's Primary Phone	978-894-8000	Student's Primary Email	jane.doe@wpsk12.com		Student's Alternate Email	
Household member in Military						
Physical Add	<u>dress</u>		Mailing Address (if diffe	erent)		
Address	161 Church		Address			
Apt			Apt			
City, State Zip	Wilmington, MA 01887		City, State Zip			

### Contacts

1. Scroll down to the Contacts section.

							(	Contacts					
The Er	nergency Prior	rity number is	used in the foll	owing way by th	e district:								
Emerg	ency Priority 1	Prim	ary parent/guar		d as the first point			ed by our notification system to send s directly for one-to-one communica					
Emerg	ency Priority 2	Seco	ond parent/guar					ed by our notification system to send ex: if primary contact could not be re					this contact should
Emerg	ency Priority 3	+ Alter	mate contacts					nly in the event that the parent/guard d the "Can Pick Up Student" box che		ated. These co	ntacts should	l include additional	contacts who are
To rece 1. Mak AND 2. Opt The fo ** To A	e sure the nun in by sending t llowing are th DD a new cor	the word "Yes e contacts o ntact, click o	s" or "Y" to the n currently listed on the Add butt	Phone02 for eith umber 67587 for your child. on at the botto	ner the Emergency TWO active cont	acts are required.	. This does no	ority 2 contact ot include any who are marked for	r removal. You will n	not be able to s	ubmit this f	orm unless two ar	e listed.
	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
	1		Doe	Mary	978-	781-		tr		Y	Y	Y	Y
	2		Doe	John	978-555-5555					N	Y	N	Ν
													🖶 Add

2. Review how the Emergency Priority numbers are used by the district. This will help you identify what types of communication are sent to contacts.

		Contacts
The Emergency Priority nun	nber is used in the following v	vay by the district:
Emergency Priority 1	Primary parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. The contact set as Emergency Priority 1 is used as the first point of contact to call or email families directly for one-to-one communication. All numbers listed for the Emergency Priority 1 contact are attempted before another contact.
Emergency Priority 2	Second parent/guardian	"Phone01", "Primary Email" and "Alternate Email" are used by our notification system to send general communication from the district/school. Staff may also use this contact should they need to contact someone directly about your child (ex: if primary contact could not be reached using any of the provided phone numbers.
Emergency Priority 3+	Alternate contacts	These contacts would only be used for direct calls and only in the event that the parent/guardians could not be located. These contacts should include additional contacts who are allowed to pick the child up from school. They would need the "Can Pick Up Student" box checked.

3. If you would like to receive text messages via our automated calling/email system, make sure to follow the instructions for opting in.

Text Messages	
To receive text messages from our Auto-Notification system, you will need to:	
1. Make sure the number is listed as Phone01 or Phone02 for either the Emergency Priority 1 or the Emergency Priority 2 contact	
AND	
2. Opt in by sending the word "Yes" or "Y" to the number 67587	

4. Review the contacts currently listed for your child.

The	following a	re the cont	tacts currentl	y listed for your	child. THREE act	ive contacts are	required. This do	es not include any who are m	arked for removal.	You will not b	e able to s	ubmit this form un	less three are listed.
** T(	o ADD a nev	w contact,	click on the A	dd button at the	bottom right.								
** T(	OUPDATE o	or REMOVE	E a contact, c	lick on the emer	gency priority nu	mber next to the	person's name.						
	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
	1		Doe	Mary	978-694-6071	978-894-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
	2		Doe	John	978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
	3		Doe	John						N	Y	N	N
	4		Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N
													Add

There are three options for adjusting the contacts for your student. Clicking on the link will show you more in depth instructions for each type of change.

#### <u>Update</u>

- Should be used to change information about a contact already listed.
- This includes changing the priority number, phone numbers, etc.
- First and Last names should only be updated if there is a misspelling or legal name change. If the contact is a completely different person, REMOVE the contact you no longer wish to have listed and ADD the new one.

#### <u>Remove</u>

- Should be used to remove one of the contacts listed currently.
- You will not see the change right away, but the contact will be removed once the office completes the review of your submitted information.

#### <u>Add</u>

• Should be used to add a contact if the person is not already listed.

### To UPDATE a contact:

1. Click on the person's Emergency Priority number.

The following are the c	ontacts current	ly listed for your	child. THREE ac	tive contacts are	required. This do	es not include any who are m	arked for removal.	You will not b	e able to s	ubmit this form un	less three are listed.
** To ADD a new conta	ct, click on the A	Add button at the	e bottom right.								
** To UPDATE or REM	OVE a contact, c	lick on the eme	rgency priority nu	mber next to the	person's name.						
Emer Pri			Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
1			978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
2			978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
3	Doe	John						N	Y	N	N
4	Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N
											Add

2. DO NOT CHANGE THE FIRST OR LAST NAME EXCEPT IN CASES OF A LEGAL NAME CHANGE. If the contact should be a different priority number, select the new one from the dropdown. If he/she should not be listed at all, use the DELETE option instead.

Seneric Form Child Data - Google Chrome					
https://ma-wilmington.myfollett.com/aspen/wor	kflowChildDetail.do?pre	fix=GFC&contex	t=contactVerif	ication.contactPopup	New&readOnly=false&childId=
Request to DELETE this contact					
Contact Details					
Important: A contact's FIRST or LAST NAME should only be ca the "Request to Delete" box above. If he or she should just be					
First Name Mary		Last Name	Doe		
Emergency Priority		Relationship	Mother <b>T</b>		
Lives With 2 Student 3		an Receive Conduct Iailings		Can Receive Mailings	Other
Legal Guardian		an Receive Grade lailings			
Phone Numbers					
Phone 1 978-894-8071	Phone 1 Ext			Phone 1 Type	Home V
Phone 2 978-894-8071	Phone 2 Ext			Phone 2 Type	Mobile V
Phone 3 978-894-8071	Phone 3 Ext 10	5		Phone 3 Type	Work
Address and Email (only needed for those receiving mailings)					
Address 22 Carter Lane		Primary Email	trish.volpe@wpsk12.c	om	
Apt		Alternate Email			
City, State Zip					
OK Cancel					

3. For all other changes, click into the box on the fields you want to update and make the required changes. Click on OK when you have made all of the desired changes for the contact. *Note: This does NOT submit the change. You need to finish reviewing emergency card and click on Finish to submit any changes.* 

•	Generic For	m Child Data - Google Chr	ome	the solution solders to				server deadly at	
	https://r	na-wilmington.myfo	llett.com/aspen/worl	kflowChildDetail.do?pr	refix=GFC&contex	t=contactVeri	fication.contac	tPopupNew&re	adOnly=false&childId=
	Domicat	to DELETE this contact							
ŀ	Request	to DELETE this contact							
	Contact Deta	ails							
				anged if it is spelled incorre a different emergency prior					
	First Name	Mary	The of she should just be	a different entergency prior	Last Name	Doe	ne Emergency Pri	ionity dropdown bei	Jw.
	Emergency	]							
	Priority	1 🔻			Relationship	Mother <b>V</b>			
	Lives With Student		Can Receive Email		Can Receive Conduct Mailings		Can F Mailir	Receive Other ngs	
	Legal Guardian		Can Pick Up Student		Can Receive Grade Mailings				
	Phone Num	bers							
	Phone 1	978-694-6000		Phone 1 Ext			Phone 1 Type	Home 🔻	
	Phone 2	978-694-6071		Phone 2 Ext			Phone 2 Type	Mobile V	
	Phone 3	978-694-6071		Phone 3 Ext	105		Phone 3 Type	Work V	
	Address and	l Email (only needed for th	ose receiving mailings)						
	Address	161 Church St			Primary Email	trish.volpe@wpsk12.c	com		
	Apt				Alternate Email				
	City, State Zip	mington, MA 01887	_						
	ок								

### To REMOVE a contact completely:

1. Click on the person's Emergency Priority number.

The	following a	re the cont	acts current	ly listed for you	ır child. THREE ac	tive contacts are	required. This do	es not include any who are m	arked for removal.	You will not b	e able to s	ubmit this form un	less three are listed.
** T	o ADD a nev	w contact,	click on the A	dd button at th	e bottom right.								
** T	o UPDATE o	or REMOVE	E a contact, c	lick on the eme	ergency priority n	imber next to the	person's name.						
	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
	1		Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
	2				978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
	з 🖌									N	Y	N	N
	4		1	uto				trish.volpe@yahoo.com		N	N	N	N
													Add

2. Check the box next to "Request to DELETE this contact" then click on OK.

Seneric Form	n Child Data - Google Chro	ome	The official collect is			a, reach order among that	
🔒 https://m	na-wilmington.myfol	lett.com/aspen/work	flowChildDetail.do?p	refix=GFC&contex	t=contactVerif	fication.contactPopupNew8	&readOnly=false&childId=
Request 1	to DELETE this contact						
e <u>t Deta</u>							
						ne change. If the person should no the Emergency Priority dropdown	
Name	John			Last Name	Doe		
gency ty	3 🔻			Relationship	•		
Vith ≩nt		Can Receive Email		Can Receive Conduct Mailings		Can Receive Other Mailings	
Guardian		Can Pick Up Student		Can Receive Grade Mailings			
Phone Numb	<u>pers</u>						
Phone 1			Phone 1 Ext			Phone 1 Type	T
Phone 2			Phone 2 Ext			Phone 2 Type	•
Phone 3			Phone 3 Ext			Phone 3 Type	•
Address and	Email (only needed for the	ose receiving mailings)					
Address				Primary Email			
Apt				Alternate Email			
City, State Zip		_					
ОК							

3. The contact will remain listed, but will be removed after the form has been submitted and the office review is complete.

The following a	are the con	tacts currentl	y listed for your	child. THREE act	tive contacts are	required. This do	es not include any who are m	arked for removal.	You will not b	e able to s	ubmit this form un	less three are listed.
** To ADD a ne	w contact,	click on the A	dd button at the	bottom right.								
** To UPDATE	or REMOV	E a contact, c	lick on the emer	gency priority nu	mber next to the	person's name.						
Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
1		Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
2		Doe	John	978-894-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
3		Doe	John						N	Y	N	N
4		Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N
												Add

### To add a new contact:

1. Click on the Add button under the contact list.

** 1		woontoot	olick on the	Add button at the	bottom right								
	0 ADD a ne	w contact,	Click off the /	Aut button at the	e bottom right.								
* 1	TO UPDATE O	or REMOV	E a contact, c	lick on the eme	rgency priority nu	umber next to the	person's name.						
	Emer Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grad
	) 1		Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
	2		Doe	John	978-694-6071			trish.volpe@wpsk12.com		Y	Y	Y	Y
	3		Doe	John						N	Y	N	N
_	1 4		Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N

2. The top section with **First Name**, **Last Name**, **Emergency Priority** and **Relationship** (shown with a green rectangle in the screenshot below) should be filled out for all contacts. Non-parent/guardian contacts should keep an emergency priority 3.

🔖 Generic Form Child Data - Google Chro	ome					
🔒 https://ma-wilmington.myfol	llett.com/aspen/work	flowChildDetail.do?p	refix=GFC&contex	t=contactVer	ification.contactPopu	pNew&readOnly=false&detailSe
Request to DELETE this contact						
Contact Dataila						
<u>Contact Details</u> Important: A contact's FIRST or LAST	T NAME should only be ch	anged if it is spelled incorr	ectly or when there has	s been a legal na	me change. If the person s	hould no longer appear at all, check
the "Request to Delete" box above. If			rity number, that should	l be adjusted via		
First Name My			Last Name	Neighbor		
Priority			Relationship	Neighbor V	-	
Lives With Student	Can Receive Email		Can Receive Conduct Mailings		Can Receive Mailings	Other
Legal Guardian	Can Pick Up Student		Can Receive Grade Mailings			
Phone Numbers						
Phone 1		Phone 1 Ext			Phone 1 Type	Home V
Phone 2		Phone 2 Ext			Phone 2 Type	
Phone 3		Phone 3 Ext			Phone 3 Type	
Address and Email (only needed for the	ose receiving mailings)					
Address			Primary Email			
City.	]		Alternate Email			
State Zip						
OK Cancel						

3. Phone 1 and whether the contact Can Pick Up Student should also be updated for all contacts.

🔖 Generic Form Child Data - Google Chrom	ne					
🔒 https://ma-wilmington.myfolle	tt.com/aspen/workf	flowChildDetail.do?pre	fix=GFC&context	t=contactVerif	ication.contactPopup	New&readOnly=false&detailS&
Request to DELETE this contact						
Contact Details						
Important: A contact's FIRST or LAST N						
the "Request to Delete" box above. If he	e or she should just be a	different emergency priorit		-	he Emergency Priority dro	odown below.
First Name My			Last Name	Neighbor		
Emergency Priority			Relationship	Neighbor 🔻		
Lives With Student	Can Receive Email		Can Receive Conduct Mailings		Can Receive C Mailings	ther
Legal Guardian	Can Pick Up Student		ade			
Phone Numbers						
Phone 1 978-XXX-XXXX		le 1 Ext			Phone 1 Type	Home 🔻
Phone 2	L	Frione 2 Ext			Phone 2 Type	¥
Phone 3	• L	Phone 3 Ext			Phone 3 Type	¥
Address and Email (only needed for those	e receiving mailings)					
Address			Primary Email			
Apt			Alternate Email			
City, State Zip						
OK Cancel						

4. It is best to fill out as much of the other information as possible for parent/guardians. If the contact is not a parent/guardian the other checkboxes and address/email fields can remain blank. Click on OK once the person's information has been entered.

🍆 Generic For	m Child Data - Google Chro	ome	-				
🔒 https://r	na-wilmington.myfo	llett.com/aspen/work	flowChildDetail.do?p	refix=GFC&context	=contactVerif	fication.contactPop	upNew&readOnly=false&detailS&
			·			·	
Request	to DELETE this contact						
Contact Deta	ails						
		TNAME should only be ch	anged if it is spelled incorr	ectly or when there has	been a legal nam	ne change. If the person	should no longer appear at all, check
			a different emergency prior				
First Name	My			Last Name	Neighbor		
Emergency Priority	3 🔻			Relationship	Neighbor <b>V</b>		
Lives With Student		Can Receive Email		Can Receive Conduct Mailings		Can Receiv Mailings	ve Other
Legal Guardian		Can Pick Up Student		Can Receive Grade Mailings			
Phone Num	bers						
Phone 1	978-XXX-XXXX		Phone 1 Ext			Phone 1 Type	Home <b>T</b>
Phone 2			Phone 2 Ext			Phone 2 Type	
Phone 3			Phone 3 Ext			Phone 3 Type	
Address and	I Email (only needed for the	ose receiving mailings)					
Address				Primary Email			
Apt	4	]		Alternate Email			
City, State Zip							
ок							

5. The person will now appear in the contact summary list. *Note: the contact changes will be submitted upon completion of the form. Make sure to finish reviewing and click on the Finish button to submit the change.* 

Т	he following are the contacts currently listed for your child. THREE active contacts are required. This does not include any who are marked for removal. You will not be able to submit this form unless three are listed.													
*	* To ADD a new contact, click on the Add button at the bottom right.													
*	' To UP	PDATE o	r REMOVI	E a contact, c	click on the eme	rgency priority nun	nber next to the j	person's name.						
Γ	Eme	er Pri	Updated	Last Name	First Name	Phone 01	Phone 02	Phone 03	Primary Email	Alternate Email	Lives With	Pick up	Receive Email	Receives Grades
	1			Doe	Mary	978-694-6071	978-694-6071	978-694-6071	trish.volpe@wpsk12.com		Y	Y	Y	Y
	2			Doe	John	978-894-8071			trish.volpe@wpsk12.com		Y	Y	Y	Y
	3			Doe	John						N	Y	N	N
	4			Call	Second Auto				trish.volpe@yahoo.com		N	N	N	N
	3			Neighbor	My						N	Y	N	N
-														

# Medical Information

1. Scroll down to the section for Medical Information.

Please review your child's medical informatio "Insurance Provider" field requires that you c	n below and update if necessa hoose one of the options in the	ry. Fields marked with an * are req	I Informati juired to be fi er'', make sui	lled in. If you do not have a physic	tian, dentist, or in the space provided	surance provid I.	der, please type or se	elect "None". The
Doctor Information								
Physician Name*	None		Physician Ph	one Number	XXX-XXXX			
Dentist Name*	My Dentist		Dentist Phon	e Number	978-694-6071			
Insurance**								
Insurance Provider*	Other, please specify	~		s selected, please type your e. Otherwise, leave blank.	My Insurance Pro	ovider		
Policy Number	XXX-XXXX							
Health Information								
Health Conditions	I am explaining my child's healt	h conditions here.	Allergies (foo	d, insects, medicine, environment)	My child is allergi	c to bee stings.		
Medications								
My child is taking medication(s) at home or school.*	No 🗸		My child has	an EPI-PEN.*	Yes 🗸			
Medication Name 1 Med 1	Dose/Frequency 1	Dose	Medication Name 2	Med 2	Dose/Frequency 2	Dose		
Medication Name 3 Med 3	Dose/Frequency 3	Dose	Medication Name 4	Med 4	Dose/Frequency 4	Dose		
Medication Name 5 Med 5	Dose/Frequency 5	Dose	Medication Name 6	Med 6	Dose/Frequency 6	Dose		
At the discretion of the school nurse, my child	d may receive the following ove	er-the-counter medications that h	ave been app	roved by our school physician. Pl	ease uncheck any	that you do NO	OT wish to authorize	<del>.</del>
Acetaminophen/Tylenol	•	Alcohol-based Hand Sanitizer (cont	ains 60% or h	gher)		Antacids/Tums (Calcium Carbonate)	3	
Bacitracin/Triple Antibiotic Ointment		Bactine (contains Benzalkonium an	d Lidocaine H	CL 2.5%)		Caladryl Lotion	n 🔽	
Cough Drops		Diphenhydramine (Benadryl) - use	with caution du	ie to side effects		Hydrocortisone Cream 1%	e 🔽	
Ibuprofen								
School Health Records/Emergency Transport	ation							
I understand that my child's health information is including those who could help in an emergency.								
dismiss their child via taxi and provide fare for hit **IMPORTANT HEALTH INSURANCE INFORMA The Commonwealth of Massachusetts requires a	TION**						care (restrictions may	apply). For more

ase visit www.mahealthconnector.org or contact the school nurse. All communications will be k

Massachusetts State Law under chapter 11C requires the Town of Wilmington Ambulance Service to transport patients to the appropriate Health Care Facility within its regular operating area. If a parent/guardian wishes his/her child go to a hospital beyond the local area, he/she must then arrange for a private ambulance.

2. Physician Name and Dentist Name are required field. If you do not currently have one, enter "None".

Doctor Information	
Physician Name*	My Doctor
Dentist Name*	My Dentist

3. Insurance Provider is also required. Choose an option from the dropdown. If you select "Other", enter the provider in the space provided.

Insurance**			
Insurance Provider*	Other, please specify	If "Other" was selected, please type your provider name. Otherwise, leave blank.	My Insurance Provider
Policy Number	XXX-XXXX		

4. Review/enter the rest of the information by clicking into the cells, selecting values from the dropdown menus or checking the boxes where applicable. A Yes or No value is required to indicate whether your child is taking medication at home and if he or she has an EPI-PEN.

Health Information							
Health Conditions	I am explaining my child	I's health conditions here.	Allergies (food, insects, medicine, enviro	nment) My child is all	My child is allergic to bee stings.		
Medications							
My child is taking medication(s) at home or school.*	No 🗸		My child has an EPI-PEN.*	Yes 🗸			
Medication Name 1 Med 1	Dose/Frequency 1	Dose	Medication Name 2 Med 2	Dose/Frequen	cy Dose		
Medication Name 3 Med 3	Dose/Frequency 3	Dose	Medication Med 4	Dose/Frequen 4	Cy Dose		
Medication Name 5 Med 5	Dose/Frequency 5	Dose	Medication Name 6 Med 6	Dose/Frequen 6	cy Dose		
At the discretion of the school nurse, m	y child may receive the follow	ving over-the-counter medications th	at have been approved by our school physi	cian. Please uncheck	any that you do NOT w	ish to authorize.	
Acetaminophen/Tylenol		Alcohol-based Hand Sanitizer	(contains 60% or higher)		Antacids/Tums (Calcium Carbonate)		
Bacitracin/Triple Antibiotic Ointment		Bactine (contains Benzalkoniu	m and Lidocaine HCL 2.5%)		Caladryl Lotion		
Cough Drops		Diphenhydramine (Benadryl) -	Diphenhydramine (Benadryl) - use with caution due to side effects				
Ibuprofen							

5. Review the important health-related notices.

#### tool Health Records/Emergency Transportation derstand that my child's health information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited nui uding those who could help in an emergency. In case of accident, illness or other emergency, the school will try to locate immediately the parent or person responsible for the child. There may be times when a pare miss their child via tax and provide fare for his/her return home in case of emergency, the school will stempt to contact parent/guardian in the event your child requires emergency transportation.

```
**IMPORTANT HEALTH INSURANCE INFORMATION**
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The Commonwealth of Massachusetts requires all residents to have health insurance. If you have no health insurance, there are plans available that will provide uninsured children with affordable health care (restrictions may apply). For more information, please visit www.mahealthconnector.org or contact the school nurse. All communications will be kept confidential.

Massachusetts State Law under chapter 11C requires the Town of Wilmington Ambulance Service to transport patients to the appropriate Health Care Facility within its regular operating area. If a parent/guardian wishes his/her child go to a hospital beyond the local area, he/she must then arrange for a private ambulance.

## **Policy Signoffs**

1. Scroll down to the section on Policy Signoffs.

#### Policy Signoffs

Please review and respond to the statements below. These statements are acknowledgement of Wilmington Public School policies. Completing this form and submitting the data will constitute a digital signature. A "Yes" or "No" value is required for each statement.

Handbook - Click here for school handbooks My child and I have reviewed and familiarized ourselves with the rules and regulations of the Student-Parent Handbook and we understand that we must abide by them as set forth.	Yes 🗸
<u>Acceptable Use Policy (Technology)</u> - Click here for the Acceptable Use policy My child and I agree to the terms and conditions of the Acceptable Use Policy .	Yes 🗸
<u>Use of Video on Buses</u> - Click here for the Cameras on Buses policy I hereby provide my consent for my child to be subject to all behavior and safety requirements for bus transportation promulgated by the Wilmington Public Schools, including but not limited to, photographs or videotapes of my child that may be made in conjunction with maintaining appropriate behavior and safety on the school buses.	Yes 🗸
Privacy Law - Click here for FERPA - Click here for PPRA - Click here for MA Law I hereby give permission for my child, a student in the Wilmington Public Schools, to have his/her name and photograph released for any newspaper articles or on the Wilmington Public Schools Web Site that reports WPS activities.	Yes 🗸
<u>Social Media</u> - Click here for WPS Social Media policy My child and I agree to the terms and conditions of the Social Media policy.	Yes 🗸
MIIS Fact Sheet - Click here for the MIIS Fact Sheet I have reviewed the MIIS Fact Sheet.	Yes 🗸

2. A Yes or No value is required for each policy. Read the statement and choose your response in the dropdown menu.

Policy Signoffs Please review and respond to the statements below. These statements are acknowledgement of Wilmington Public School policies. Completing this for "No" value is required for each statement.	rm and submitting the data will constitute a digital signature. A "Yes" or
Handbook - Olick here for school handbooks My child and I have reviewed and familiarized ourselves with the rules and regulations of the Student-Parent Handbook and we understand that we must abide by them as set forth.	Yes 🗸
Acceptable Use Policy (Technology) - Click here for the Acceptable Use policy My child and I agree to the terms and conditions of the Acceptable Use Policy .	Yes 🗸
Use of Video on Buses - Click here for the Cameras on Buses policy I hereby provide my consent for my child to be subject to all behavior and safety requirements for bus transportation promulgated by the Wilmington Public Schools, including but not limited to, photographs or videotapes of my child that may be made in conjunction with maintaining appropriate behavior and safety on the school buses.	Yes 🗸
Privacy Law - Click here for FERPA - Click here for PPRA - Click here for MA Law 1 hereby give permission for my child, a student in the Wilmington Public Schools, to have his/her name and photograph released for any newspaper articles or on the Wilmington Public Schools Web Site that reports WPS activities.	Yes 🗸
Social Media - Click here for WPS Social Media policy My child and I agree to the terms and conditions of the Social Media policy.	Yes 🗸
MIIS Fact Sheet - Click here for the MIIS Fact Sheet I have reviewed the MIIS Fact Sheet.	Yes v
Please make sure to review the information about our school lunch program. Details about online payment options as well as the Free and Reduced Lunch applications applications and the school	school website.

### Submitting the form

1. Make sure you have reviewed/updated all sections. When you are ready, click on the "Next" button at the very bottom of the form window. For some browsers, you may need to scroll to see it.

🐌 Aspen: Initiate Wo	orkflow - Google Chrome	C farmer from a	B to balance in a Con-	And appendix of the local division of the lo	Constituted in the	Same of Street, Square, or other	August a			x
🔒 https://ma-w	ilmington.myfollett.co	m/aspen/initiateWor	kflow1.do?validWizard	=true						
Initiate Workf	low: Details								Step 2	of 3
1										
Medication Name	Med 1	Dose/Frequency 1	Dose	Medication Name	Med 2	Dose/Frequency 2	Dose			
Medication Name	Med 3		Dose	Medication Name			_			
3	Med 3	Dose/Frequency 3	Dose	4	Med 4	Dose/Frequency 4	Dose			
Medication Name 5	Med 5	Dose/Frequency 5	Dose	Medication Name 6	Med 6	Dose/Frequency 6	Dose			
At the discretion of	of the school nurse, my child	d may receive the followin	ng over-the-counter medicati	ions that have been a	approved by our school ph	ysician. Please unchec	k any that you do NO	T wish to author	rize.	
Antacids			Bacitracin Ointment			Bactine (contains Be Lidocaine HCL 2.5%		<b>e</b>		
Diphenhydramine due to side effects	(Benadryl) - use with caution		Hydrocortisone Cream/Cala	adryl Lotion		lbuprophen				
Non-Aspirin (Aceta	aminophen/Tylenol)									
School Health Red	cords/Emergency Transport	tation								
			deral law permits information i							
			f accident, illness or other eme /her return home. In case of ei							
	ALTH INSURANCE INFORM									
The Commonweal	th of Massachusetts requires	all residents to have healt	h insurance. If you have no he			provide uninsured child	ren with affordable he	alth care (restric	tions may	
apply). For more in	itormation, please visit www.	manealthconnector.org	or contact the school nurse. Al	li communications will	i be kept confidential.					
Massachusetts Sta	te Law under chapter 11C re	quires the Town of Wilming	gton Ambulance Service to tra	nsport patients to the	appropriate Health Care Fa	acility within its regular op	perating area.			
If a parent/guardia	n wishes his/her child go to a	hospital beyond the local	area, he/she must then arrang	e for a private ambula	ance.					
			I	Policy Signoffs						
			are acknowledgement of W v all of our "Back to School" fo			is form and submitting	the data will constitut	te a digital signa	ature. A	
My child and I have		ourselves with the rules and	d regulations of the Student-Pa	arent Handbook and v	we understand that we	No T				
must abide by then						140				
	<u>Policy (Technology)</u> - Click h se to the terms and conditions					Yes T				
	uses - Click here for the Ca									
I hereby provide m Public Schools, inc	y consent for my child to be s cluding but not limited to, phot	ubject to all behavior and	safety requirements for bus tra my child that may be made in (			Yes ¥				
	ty on the school buses.									
	lick here for FERPA - Click I hission for my child, a student.		re for MA Law chools, to have his/her name :	and photograph relea	sed for any newspaper	Yes V				
articles or on the V	Vilmington Public Schools We	eb Site that reports WPS ac	tivities.			Yes V				
	lick here for WPS Social Med ee to the terms and conditions		,			No T				
· ·										
Please make sure website.	to review the information abo	out our school lunch progra	m. Details about online payme	ent options as well as	the Free and Reduced Lur	ich application are availe	able on the Food Serv	ices page of our	school	-
< Back Next >									Finish	Cancel

2. If you have an error, the message will reference what needs to be corrected. In this example, an Insurance Provider was not selected and the Social Media policy did not have a response. Go back to that field, enter the requested information and click on Next again.

⊗	Valid value required for field "Insurance Provider". Value required for field "Social Media".
	ок

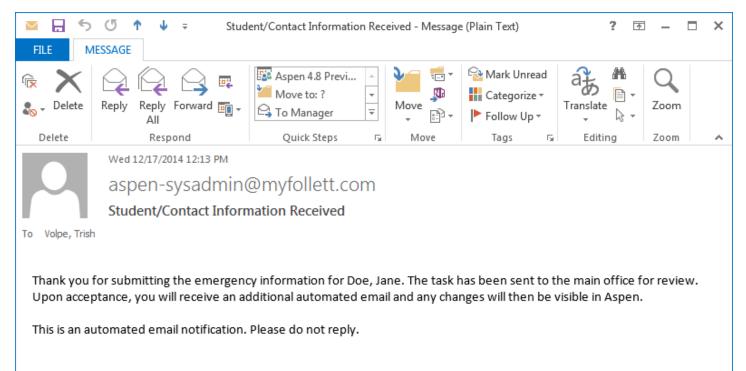
3. Once you are error free, a summary screen will display indicating that you are on step 3 of 3. Click on the "Finish" button to submit.

🔖 Aspen: Initiate Workflow - Google							
https://ma-wilmington.myfollett.com/aspen/initiateWorkflow2.do?validWizard=true							
Initiate Workflow: Confin	Step 3 of 3						
Workflow	Student/Contact Emergency Info						
Student	Doe, Jane						
Date	7/27/2016						
< Back Next >		Finish Cancel					

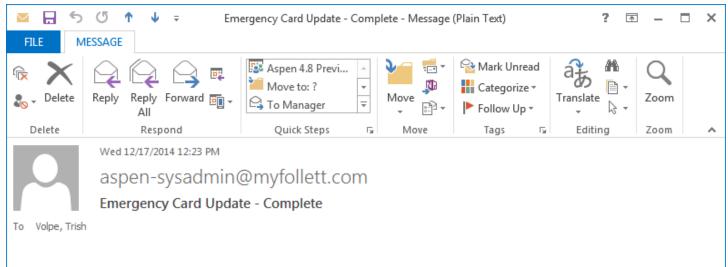
## What's next?

- If you start the task again, you will not see the child in your list until the office review is complete.
- If you have another child in the district, you can now repeat the process for him/her.

• On clicking the "Finish" button, the information has been submitted to the Main Office of your child's school. You will receive an email confirming that your information has been received.



 Once the office has reviewed the information, you will receive an additional email notification that it has been posted.



The electronic Emergency Card submitted for Doe, Jane through Aspen has been processed and any updated information has been posted. You should now see any changes made the next time you log in. Please contact your student's main office with any questions.

This is an automated email notification. Please do not reply.

• You can then go to your student's Family to tab, Details side tab to view the changes. Click on the Medical or Policy top tabs to see that information. Contacts are viewable via a separate side tab.

Wilmington Public Schools 2015-2016 Doe, Mary Family Vie								
Pages Fan	nily Academics	Groups Calendar						
Options	Reports Help							2
Students :: 11 - Doe, Jane 🛝 👔 🖉 💷 🖻 📴 📩 🚺 📕 🔍 📘								
Details	Cancel							Default Template 🔹 🔻
Contacts	Demographics Me	dical Policies		1				
Daily	First name	Jane	School > Name	Wilmington High School 2017 11			Photo	
Attendance	Middle name	Marie	Year of graduation					
Transcript	Last name	Doe	Grade level					
Assessments	Suffix		Homeroom					
Schedule	Local ID	270067	House					
Membership	Primary Student Phone	978-694-6000	Counselor	123460				
Transactions	Optional Text Number	978-423-4884	Locker					
Documents	Physical Address				Mailing Address			
Notification	Address line 1	22 Carter Lane						
	Address line 2			Is identical				
	Address line 3	Wilmington, MA 01887			Address line 1	22 Carter Lane		
	E-mail				Address line 2			
	Student's Email	jane.doe@wpsk12.com			Address line 3	Wilmington, MA 01887		
	Student's 2nd Email							
	CARES		Athletic Team				Activity	
			Athletic Team 2				Activity 2	
			Athletic Team 3				Activity 3	
	Cancel							·