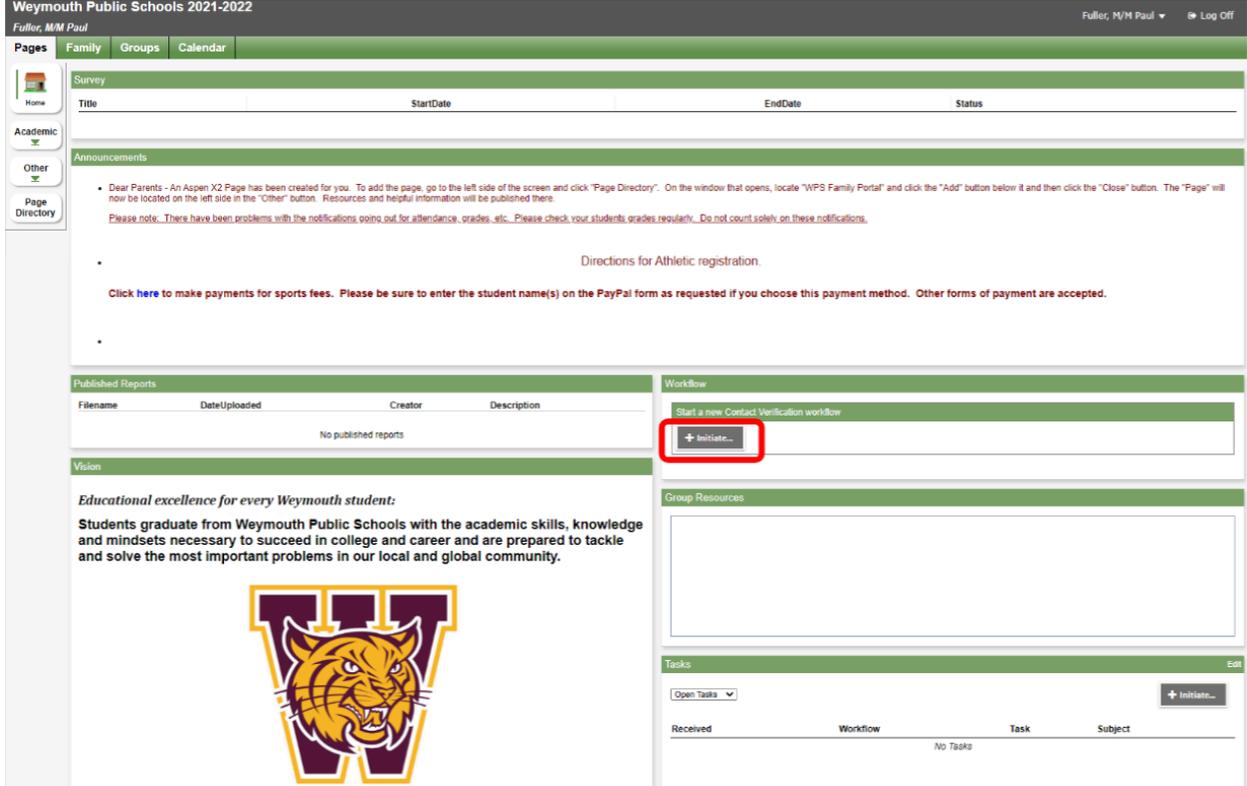


إجراء جديد للاتصال في حالات الطوارئ والتحديث الطبي

Aspen. هذا إجراء جديد للسماح للأباء بتحديث معلومات الاتصال في حالات الطوارئ والمعلومات الطبية الخاصة بهم إلكترونياً في سيحل هذا محل النموذج الورقي (الوردي) الذي تم إرساله في الماضي.

- 1) هنا <https://ma-weymouth.myfollett.com/aspens/logon.do> قم بالدخول إلى Aspen
a) بتسجيلاً كنت لا تعرف معلومات تسجيل الدخول الخاصة بك ، فيرجى التحقق من وجود بريد إلكتروني مرسل من aspensysadmin@myfollett.com مع سطر الموضوع "مرحباً بك في Aspen Family Portal"
2) بمجرد تسجيل الدخول ، انقر فوق "بدء" الموجود على الجانب الأيمن من البوابة



- 3) في النافذة المنبثقة ، حدد التالي:

https://ma-weymouth.myfolett.com/aspes/initiateWorkflow.do?deploymentId=ma-weymouth - Google Chrome

ma-weymouth.myfolett.com/aspes/initiateWorkflow.do?deploymentId=ma-weymouth

Initiate Workflow: Workflow Selection Step 1 of 3

Workflow: Contact Verification

Date: 8/12/2021

← Previous
Next →
Finish
Cancel

4) سترى بعد ذلك نافذة تعرض الوالد الحالي / معلومات الوصي. ستكون قادرًا على إدخال أو ضبط معلومات الاتصال بهاتفك و البريد الإلكتروني أدناه

Contact Verification

Save Cancel

Family First Name: MM Paul

Family Last Name: Fuller

Phone 1: 781-327-7500

Parent/Guardian Details		Other Parent/Guardian Details	
Name:	Paul	Name:	Paula
Work Phone:		Work Phone:	
Work Phone Extension:	554	Work Phone Extension:	
Cell Phone:	111-222-3333	Cell Phone:	339-201-0140
Email:	pfuller@aol.com	Email:	paula_fuller@comcast.net

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	443-344-5566	443-344-6688	<input type="checkbox"/>
Jane	Doe	838-724-8844	903-333-0099	<input type="checkbox"/>
Jerry	Doe	888-000-9999		<input type="checkbox"/>
Paul	Fuller	617-333-3333	554-999-4459	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Add Delete

Health Information:
Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest, Grade01		
AATest, Grade02		
AATest, Grade04		
AATest, Grade08		
AATest, Grade10		
AATest, GradeK		
AATest, OPStudent		

Save Cancel Completed On: 8/12/2021

- 5) الموضحة أدناه معلومات الوالد / الوصي ، سترى جهات اتصال الطوارئ مدرجة. يرجى تأكيد هذه الحالية. يمكنك تحديث أرقام الهواتف لكل جهة اتصال أو تحديد مربع "طلب الحذف" لإزالة جهة اتصال في حالات الطوارئ.

Save
Cancel

Contact Verification

Family First Name: M/M Paul

Family Last Name: Fuller

Phone 1 * : 761-337-7500

Parent/Guardian Details

Name: Paul

Work Phone:

Work Phone Extension: 554

Cell Phone: 111-222-3333

Email: pofma@aol.com

Other Parent/Guardian Details

Name: Paula

Work Phone:

Work Phone Extension:

Cell Phone: 339-201-0140

Email: paula_fuller@comcast.net

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-344-5566"/>	<input type="text" value="443-344-6608"/>	<input type="checkbox"/>
Jane	Doe	<input type="text" value="838-734-8844"/>	<input type="text" value="993-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="617-333-3333"/>	<input type="text" value="554-999-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Add
Delete

Health Information:

Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AAtest_Grade01		
AAtest_Grade02		
AAtest_Grade04		
AAtest_Grade06		
AAtest_Grade10		
AAtest_GradeK		
AAtest_OPStudent		

Save
Cancel
Completed On: 8/12/2021

Contact Verification

Family First Name	MM Paul		
Family Last Name	Fuller		
Phone 1 *	<input type="text" value="781-337-7500"/>		

Parent/Guardian Details Name: Paul Work Phone: <input type="text"/> Work Phone Extension: <input type="text" value="554"/> Cell Phone: <input type="text" value="111-222-3333"/> Email: <input type="text" value="ptoma@aol.com"/>	Other Parent/Guardian Details Name: Paula Work Phone: <input type="text"/> Work Phone Extension: <input type="text"/> Cell Phone: <input type="text" value="339-201-0140"/> Email: <input type="text" value="paula_fuller@comcast.net"/>
--	--

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-344-5566"/>	<input type="text" value="443-344-6688"/>	<input type="checkbox"/>
Jane	Doe	<input type="text" value="838-734-8844"/>	<input type="text" value="992-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="617-333-3333"/>	<input type="text" value="554-989-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

	First Name	Last Name	Phone 1	Phone 2
<input type="checkbox"/> OK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/>	<input type="button" value="Delete"/>			

Health Information:
Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest_Grade01		
AATest_Grade02		
AATest_Grade04		
AATest_Grade08		
AATest_Grade10		
AATest_GradeK		
AATest_OPStudent		

بمجرد الدخول ، انقر فوق "موافق" كما هو موضح أدناه 8)

Contact Verification

Family First Name	MM Paul		
Family Last Name	Fuller		
Phone 1 *	<input type="text" value="781-337-7500"/>		

Parent/Guardian Details Name: Paul Work Phone: <input type="text"/> Work Phone Extension: <input type="text" value="554"/> Cell Phone: <input type="text" value="111-222-3333"/> Email: <input type="text" value="pfpma@aol.com"/>	Other Parent/Guardian Details Name: Paula Work Phone: <input type="text"/> Work Phone Extension: <input type="text"/> Cell Phone: <input type="text" value="339-201-0140"/> Email: <input type="text" value="paula_fuller@comcast.net"/>
--	--

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-344-5568"/>	<input type="text" value="443-344-6688"/>	<input type="checkbox"/>
Jene	Doe	<input type="text" value="838-734-0844"/>	<input type="text" value="983-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="617-333-3333"/>	<input type="text" value="554-999-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
<input checked="" type="checkbox"/> OK	<input type="text" value="James"/>	<input type="text" value="Fuller"/>	<input type="text" value="123-456-7890"/> <input type="text" value="123-456-7891"/>

Health Information:
Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AAtest, Grade01		
AAtest, Grade02		
AAtest, Grade04		
AAtest, Grade08		
AAtest, Grade10		
AAtest, GradeK		
AAtest, OPStudent		

9) بمجرد النقر فوق "موافق" لإضافة جهة اتصال ، يمكنك بعد ذلك إضافة جهات اتصال إضافية ، أو الحذف إذا لاحظت خطأ في المعلومات التي أدخلتها للتو.

Contact Verification

Family First Name	M/M Paul		
Family Last Name	Fuller		
Phone 1 *	<input type="text" value="781-337-7500"/>		

Parent/Guardian Details Name: Paul Work Phone: <input type="text"/> Work Phone Extension: <input type="text" value="554"/> Cell Phone: <input type="text" value="111-222-3333"/> Email: <input type="text" value="ptpma@aol.com"/>	Other Parent/Guardian Details Name: Paula Work Phone: <input type="text"/> Work Phone Extension: <input type="text"/> Cell Phone: <input type="text" value="338-201-0140"/> Email: <input type="text" value="paula_fuller@comcast.net"/>
--	--

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-344-5566"/>	<input type="text" value="443-344-6688"/>	<input type="checkbox"/>
Jane	Doe	<input type="text" value="838-734-8844"/>	<input type="text" value="993-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="817-333-3333"/>	<input type="text" value="554-999-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

	First Name	Last Name	Phone 1	Phone 2
<input type="checkbox"/>	James	Fuller	123-456-7890	123-456-7891

Health Information:
 Please verify the Health Information for each of your students below.
 (Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest_Grade01		
AATest_Grade02		
AATest_Grade04		
AATest_Grade08		
AATest_Grade10		
AATest_GradeK		
AATest_OPStudent		

← Previous
Next →
Finish
Cancel

بعد ذلك ، ستكمل المعلومات الصحية لطلابك. انقر فوق كل طالب مدرج أدناه لإحضار سجله الصحي (10)

Save
Cancel

Contact Verification

Family First Name	M/M Paul
Family Last Name	Fuller
Phone 1 *	<input type="text" value="701-337-7500"/>

Parent/Guardian Details

Name	Paul
Work Phone	<input type="text"/>
Work Phone Extension	<input type="text" value="554"/>
Cell Phone	<input type="text" value="111-222-3333"/>
Email	<input type="text" value="pfuller@aol.com"/>

Other Parent/Guardian Details

Name	Paula
Work Phone	<input type="text"/>
Work Phone Extension	<input type="text"/>
Cell Phone	<input type="text" value="338-201-0140"/>
Email	<input type="text" value="psula_fuller@comcast.net"/>

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-244-5566"/>	<input type="text" value="443-244-6608"/>	<input type="checkbox"/>
Jane	Doe	<input type="text" value="838-734-8844"/>	<input type="text" value="993-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="617-333-3333"/>	<input type="text" value="554-999-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Add
Delete

Health Information:

Please verify the Health Information for each of your students below.
(Both electronic signatures must be obtained for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest, Grade01		
AATest, Grade02		
AATest, Grade04		
AATest, Grade08		
AATest, Grade10		
AATest, GradeK		
AATest, OPStudent		

Save
Cancel
Completed On

يمكنك الآن إدخال معلومات طبيب طلابك ومعلومات طب الأسنان بالإضافة إلى تقديم معلومات طبية إضافية. تأكد من إكمال (11) لأن هذه الحقول مطلوبة (يرجى ملاحظة أنك قد تحتاج Medicare إشعار موافقة الوالدين والتوقيعات الإلكترونية الخاصة بـ (إلى التمرير لرؤية جميع الحقول والنقر فوق "موافق" عند الانتهاء)

Physician's Name	<input type="text"/>	Health Insurance	<input type="text"/>
Physician's Address	<input type="text"/>	Health Policy Number	<input type="text"/>
Physician's Phone	<input type="text"/>	Date of most recent Physical Exam	<input type="text"/>
Dentist's Name	<input type="text"/>	Dental Insurance	<input type="text"/>
Dentist's Address	<input type="text"/>	Dental Policy Number	<input type="text"/>
Dentist's Phone	<input type="text"/>	Date of most recent Dental Exam	<input type="text"/>

Medicaid One Time Parent Consent Notice

I have read the Medicaid One Time Parent Consent Notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Date

I give permission for the School Nurse to share medical information with the appropriate school personnel, to contact my child's physician as necessary, and for the school personnel to have my child transported to the hospital emergency room for treatment in the event of an emergency if I cannot be contacted.

Electronic Signature*

IF YOU HAVE NO HEALTH INSURANCE, THE COMMONWEALTH OF MASSACHUSETTS HAS A HEALTH INSURANCE PLAN THAT WILL PROVIDE UNINSURED CHILDREN WITH AFFORDABLE HEALTH CARE. IF YOU ARE INTERESTED IN INFORMATION ABOUT THIS PROGRAM, PLEASE CONTACT YOUR SCHOOL NURSE.

All students in grades 1, 4, 7, and 10 will have height and weight measured and their body mass index calculated in accordance with Massachusetts Department of Public Health guidelines. If you do not want your child to participate please send written notification to the school nurse.

I give the school nurse permission to give my child age appropriate dose of Acetaminophen (Tylenol) or Ibuprofen (Motrin) according to the district's standing orders. The school excluded.

Acetaminophen (Tylenol):* Yes No

Ibuprofen (Motrin): Yes No

Ibuprofen is only administered in grades 5-12

Electronic Signature*

Does your child have any allergies (prescriptions, food, bee-stings, environmental)?

Yes No

If yes, does your child have an Epi-Pen?

Yes No

Please list all allergies and your child's individual reaction symptoms:

Date of last reaction and treatment needed:

Have you returned an updated allergy emergency action plan, for this year, to the health office?*

Yes No

Check if your child wears:

Glasses Contacts Hearing Aids Assistance Devices

Does your child have any medical/mental health conditions that health services should be aware of to assist your child to be safe and succeed in school? (i.e. Diabetes, Asthma, Seizures, Heart Condition, Cystitis, Arthritis, ADHD, Bipolar, Anxiety, Depression etc.)*

Yes No

Please explain condition:

When diagnosed:

Symptoms your child may have that would alert us that he/she is having a problem related to his/her condition:

Please list all medications and dosage that your child takes on a regular basis during school and outside the school day:

لمرة واحدة بمجرد الانتهاء من هذا للطالب ، سترى حقول التوقيع الإلكتروني كاملة للطالب. استمر من خلال كل طالب حتى (12) يكتمل الجميع.

Save
Cancel

Contact Verification

Family First Name	MM Paul
Family Last Name	Fuller
Phone 1 *	<input type="text" value="781-337-7500"/>

Parent/Guardian Details

Name	Paul
Work Phone	<input type="text"/>
Work Phone Extension	<input type="text" value="554"/>
Cell Phone	<input type="text" value="111-222-3333"/>
Email	<input type="text" value="pfpma@aol.com"/>

Other Parent/Guardian Details

Name	Paula
Work Phone	<input type="text"/>
Work Phone Extension	<input type="text"/>
Cell Phone	<input type="text" value="339-201-0140"/>
Email	<input type="text" value="paula_fuller@comcast.net"/>

Current Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2	Request to Delete
Alex	Doe	<input type="text" value="443-344-5555"/>	<input type="text" value="443-344-6688"/>	<input type="checkbox"/>
Jane	Doe	<input type="text" value="838-734-0844"/>	<input type="text" value="993-333-0099"/>	<input type="checkbox"/>
Jerry	Doe	<input type="text" value="888-000-9999"/>	<input type="text"/>	<input type="checkbox"/>
Paul	Fuller	<input type="text" value="617-333-3333"/>	<input type="text" value="554-896-4459"/>	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Add
Delete

Health Information:

Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest, Grade01	Paul Fuller	Paul Fuller
AATest, Grade02		
AATest, Grade04		
AATest, Grade08		
AATest, Grade10		
AATest, GradeK		
AATest, OPStudent		

Save
Cancel
Completed On

بمجرد الانتهاء من جميع السجلات الصحية للطالب والتوقيع عليها ، قم بالتمرير لأسفل إلى قسم إقرار كتيب الوالدين والطالب (13) لإكمال حقول إقرار الدليل.

Initiate Workflow: Details Step 2 of 3

A/RX	UOR	443-344-5555	443-344-6666	<input type="checkbox"/>
Jane	Doe	838-734-8844	993-333-0099	<input type="checkbox"/>
Jerry	Doe	888-000-9999		<input type="checkbox"/>
Paul	Fuller	617-333-3333	554-999-4459	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Health Information:

Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AATest_Grade01	Paul Fuller	Paul Fuller
AATest_Grade02	Paul Fuller	Paul Fuller
AATest_Grade04	Paul Fuller	Paul Fuller
AATest_Grade08	Paul Fuller	Paul Fuller
AATest_Grade10	Paul Fuller	Paul Fuller
AATest_GradeK	Paul Fuller	Paul Fuller
AATest_OPStudent	Paul Fuller	Paul Fuller

Parent-Student Handbook Acknowledgement

[Click here for the Primary School Student Handbook](#)
[Click here for the Middle School Student Handbook](#)
[Click here for the High School Student Handbook](#)

PARENT ACKNOWLEDGEMENT

I have reviewed and understand the regulations and policies contained in the Parent-Student Handbook as they pertain to my son/daughter. I understand that my son/daughter is responsible for following the regulations and policies of the Weymouth Public Schools.

I am aware of the parenting role in regard to attendance, tardiness, Internet acceptable use, family vacations, dismissals, mid-year and final exams and discipline policies. I am aware of the rights of an 18-year old student as contained in the MGL Ch 76, Sec. 18 of the Commonwealth of Massachusetts.

My signature also acknowledges that I have read the acceptable use policy for computers, computer networks, web pages and the Internet. I agree to take responsibility for my child's behavior regarding the use of Weymouth Public Schools' various types of technology.

The above signature also acknowledges that I have read the acceptable use policy for computers, computer networks, web pages and the Internet. I agree to take responsibility for my child's behavior regarding the use of Weymouth Public Schools' various types of technology. I have read the web page guidelines and:

- I grant permission for my son's/daughter's work/photographs/digital media to be published.
- I deny permission for my son's/daughter's work/photographs/digital media to be published.

Date: * Parent/Guardian Signature: *

PARENT COUNCIL INFORMATION

- I grant permission for my contact information (email, phone) to be shared with School Parent Council.
- I deny permission for my contact information (email, phone) to be shared with School Parent Council.

Date: * Parent/Guardian Signature: *

By signing your name electronically on this Form, you are agreeing that your electronic signature is the equivalent of your manual signature.

بمجرد الانتهاء من جميع السجلات الصحية للطلاب وتوقيعها ، انقر فوق "التالي" في الزاوية اليسرى السفلية من النافذة (14)

ma-weymouth.myfollett.com/aspnet/initiateWorkflow1.do?validWizard=true

Initiate Workflow: Details Step 2 of 3

AI#K	DOB	(443-544-0599)	(443-544-0599)	<input type="checkbox"/>
Jane	Doe	838-734-8844	993-333-0099	<input type="checkbox"/>
Jerry	Doe	888-000-9999		<input type="checkbox"/>
Paul	Fuller	617-333-3333	554-999-4459	<input type="checkbox"/>

Add New Emergency Contacts:

First Name	Last Name	Phone 1	Phone 2
No matching records			

Health Information:
Please verify the Health Information for each of your students below.
(Both electronic signatures must be entered for each student.)

Student Name	Electronic Signature 1	Electronic Signature 2
AAIest_Grade01	Paul Fuller	Paul Fuller
AAIest_Grade02	Paul Fuller	Paul Fuller
AAIest_Grade04	Paul Fuller	Paul Fuller
AAIest_Grade08	Paul Fuller	Paul Fuller
AAIest_Grade10	Paul Fuller	Paul Fuller
AAIest_GradeK	Paul Fuller	Paul Fuller
AAIest_CPStudent	Paul Fuller	Paul Fuller

Parent-Student Handbook Acknowledgement

[Click here for the Primary School Student Handbook](#)
[Click here for the Middle School Student Handbook](#)
[Click here for the High School Student Handbook](#)

PARENT ACKNOWLEDGEMENT

I have reviewed and understand the regulations and policies contained in the Parent-Student Handbook as they pertain to my son/daughter. I understand that my son/daughter is responsible for following the regulations and policies of the Weymouth Public Schools.

I am aware of the parenting role in regard to attendance, tardiness, internet acceptable use, family vacations, dismissals, mid-year and final exams and discipline policies. I am aware of the rights of an 18-year old student as contained in the MGL Ch 76, Sec. 18 of the Commonwealth of Massachusetts.

My signature also acknowledges that I have read the acceptable use policy for computers, computer networks, web pages and the internet. I agree to take responsibility for my child's behavior regarding the use of Weymouth Public Schools' various types of technology.

The Web Page guidelines stated in the Acceptable Use Policy for Computers, Networks, Communications, Digital Media and the Internet give reference to publishing student work and photographs on the Weymouth Public Schools' Website. I have read the web page guidelines and:

I grant permission for my son's/daughter's work/photographs/digital media to be published.
 I deny permission for my son's/daughter's work/photographs/digital media to be published.

Date: * Parent/Guardian Signature: *

By signing your name electronically on this Form, you are agreeing that your electronic signature is the equivalent of your manual signature.

PARENT COUNCIL INFORMATION

I grant permission for my contact information (email, phone) to be shared with School Parent Council.
 I deny permission for my contact information (email, phone) to be shared with School Parent Council.

Date: * Parent/Guardian Signature: *

By signing your name electronically on this Form, you are agreeing that your electronic signature is the equivalent of your manual signature.

15) الآن انقر فوق "إنهاء" في الزاوية اليمنى السفلية

Initiate Workflow: Confirmation Step 3 of 3

Workflow	Contact Verification
Date	8/12/2021

16) لقد نجحت الآن في التحقق من معلومات الاتصال الخاصة بك