KS Parent/Guardian Guide

HOW TO COMPLETE THE NEW SY2021-22 COVID-19 TESTING CONSENT FORM

Login to <u>https://ohana.ksbe.edu</u> using your **KS Account**. **KS Account** is your unique Kamehameha Schools Microsoft login to access the **Mo'omō'ali Olakino Electronic Health Record (EHR) system**.

Please Note:

If you have not previously setup your **KS Account**, please contact your Health Room or Unit Office for assistance. If you forgot your password, please go to the Microsoft site <u>login.live.com</u> to reset it.



| Microsoft Pick an account | | @gmail.com |
|------------------------------|---|-------------------------------|
| R @gmail.com | ÷ | Enter password |
| à | ÷ | Vassword Keep me signed in |
| Use another account | | Forgot password? |

Click on the Mo'omō'ali Olakino application icon.



If you have multiple students, you will be asked to select one at a time. Select a student.



Click on Medical Clearances



| Medical Clearances for Test Patient2 | | | | |
|---|------------|---------------|---------|-----------|
| FOR STUDENTS: The following requirements must be completed before starting School/Sports activities. IMPORTANT- Click on the 'Update' button for each incomplete item for information about satisfying the requirement. Overall Clearance Status: 🕢 Satisfied | | | | |
| Items required for clearance: | | | | |
| Clearance | Status | | Details | |
| (No compliance details are available) | | | | |
| Additional items NOT required for cle | arance: | | | |
| Clearance | | Status | | Details |
| NEW SY2021-22 COVID-19 Testing Consent Form | Update 🔦 🛞 | Not Compliant | | No Data 🚯 |

Review the Consent form. To sign, go to the end of the form, type your full name, click on "I agree", and click on Submit Final.

| * Type your ful | I name Kawika Kaneohe |
|-----------------|--|
| Z l'agree** | |
| Submit Final | Click here to submit the final content of the form (You cannot change items after the form has been submitted.) |
| Cancel | Click here to cancel entering the form (Currently entered changes will not be saved.) |

Your form is completed. Click on **Proceed**.

| Covid-19 Testing Consent Form Completed | |
|--|--|
| Covid-19 Testing Consent Form has been successfully submitted. | |
| Proceed | |

Your status is Compliant.

| Additional items NOT required for clearance: | | | |
|--|---|-----------|--------------|
| Clearance | | Status | Details |
| NEW SY2021-22 COVID-19 Testing Consent | Ø | Compliant | Satisfied () |

If you have multiple students, in the upper right-hand corner, please select the next student. Otherwise, click **Log Out.**

| • | (Test Patient2) - |
|---|---------------------------|
| | Patient1, Test - 1/1/2017 |
| | Patient3, Test - 1/1/2008 |
| | Patient4, Test - 1/1/2008 |
| | Patient8, Test - 1/1/2006 |
| | 🕩 Log Out |
| | |