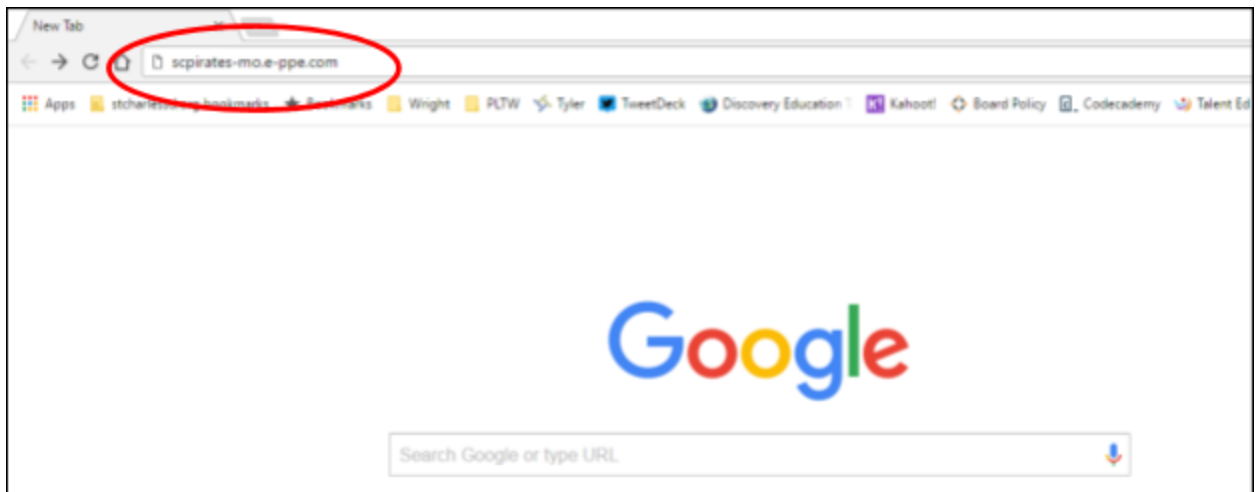
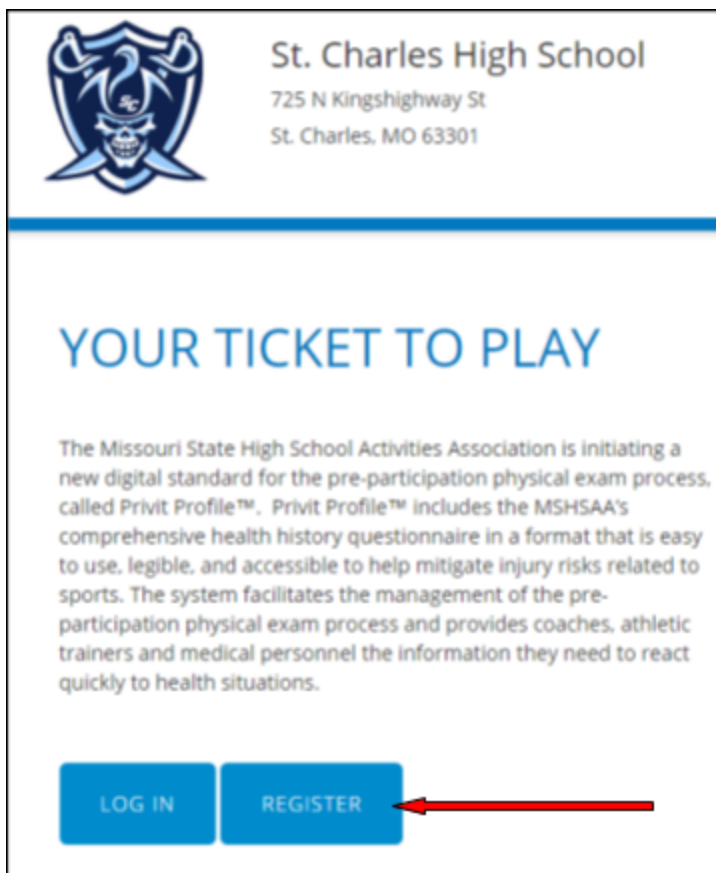



1. Go to scirates-mo.e-ppe.com



2. Select "Register"



3. Create Your Account



St. Charles High School
725 N Kingshighway St
St. Charles, MO 63301

CREATE YOUR ACCOUNT

Home / Create Your Account

CREATE YOUR ACCOUNT

First Name*

Middle Initial

Last Name*

Email Address*


CREATE YOUR ACCOUNT


First Name*

Middle Initial

Last Name*

Email Address*

Enter your role* 

Password* 
Strong

Confirm Password*

Date of Birth*

I have read and agree to the Terms of Use.

Or...
Parent/Guardian

4. Complete the Consent Form

St. Charles High School
725 N Kingshighway St
St. Charles, MO 63301

GET HELP

LANGUAGE

CONSENT FORM

TEST STUDENT

Home / Consent Form

CONSENT FORM

The security of an athlete's personal health information is very important to PRMT and we are committed to safeguarding the information we collect. As a result, we have taken a number of steps to create a safe environment for entering personal health information and sharing it with authorized personnel.

In order to proceed to your Prvit Profile™, parents need to complete the fields in the Consent Form below and agree to the Terms and Conditions for using Prvit Profile™, in providing parental consent, parents enable authorized personnel to access relevant information pertaining to the health and safety of their student athlete.

Parent/Guardian

TEST

First Name

PARENT

Last Name

Initials

TP

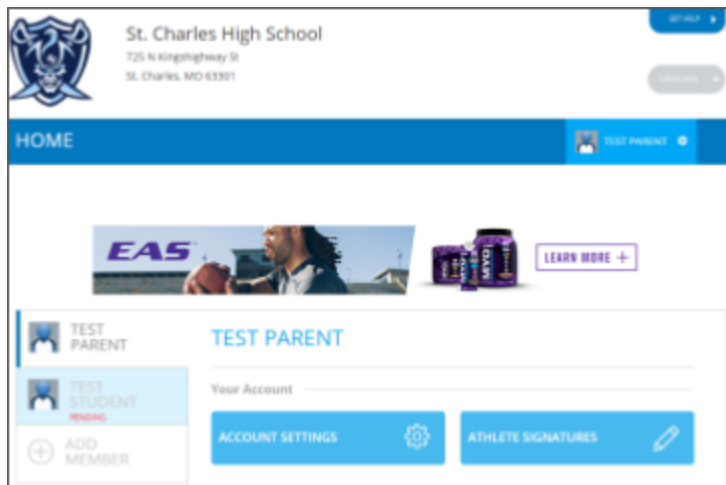
I have read and agree to the Terms of Use.

By submitting this form, I confirm that I am the parent/legal guardian of TEST STUDENT and consent to his/her use of the e-PPE.

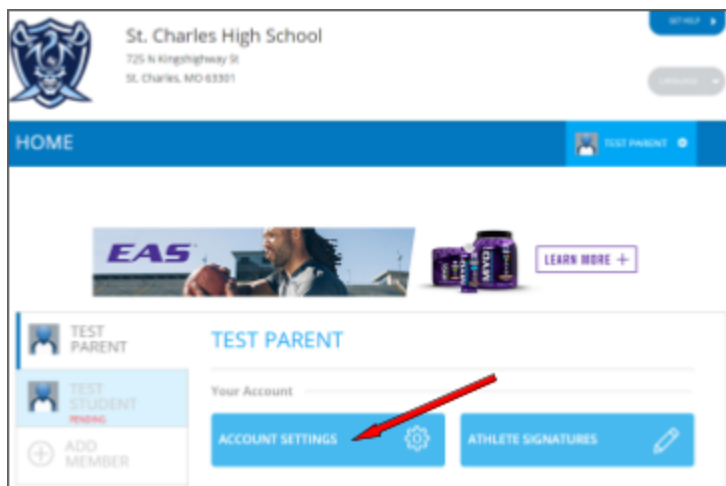
SUBMIT

Press "Submit"

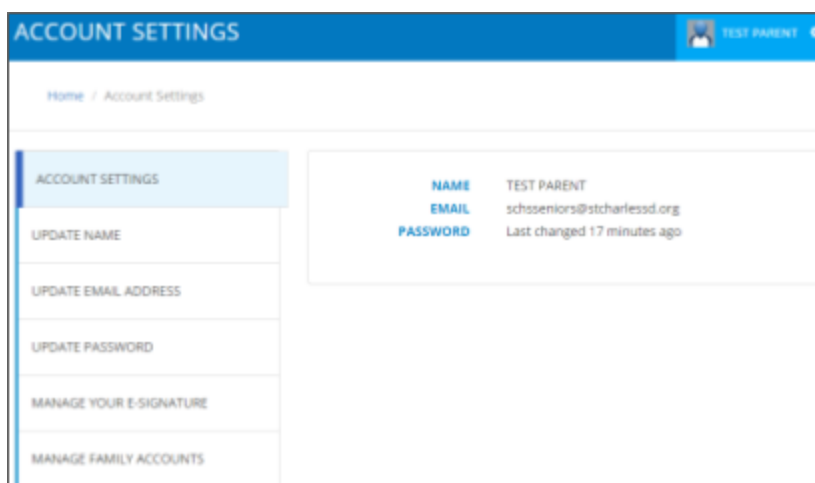
5. From the “Home” screen you can manage your account settings and signatures.



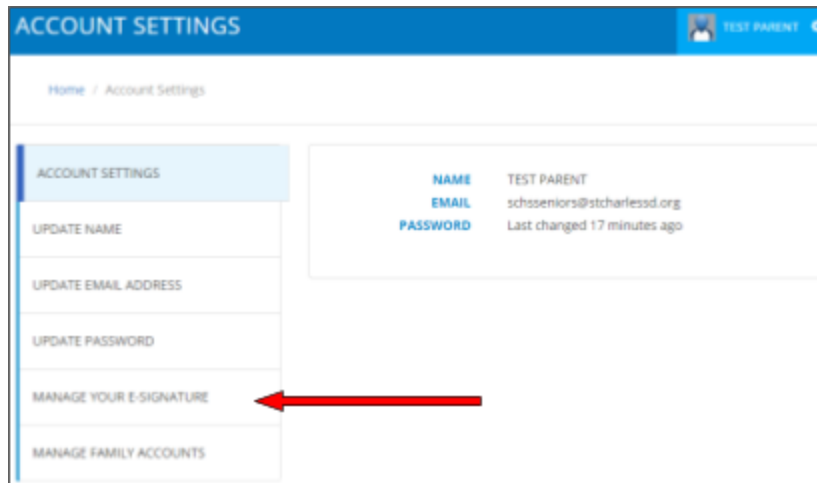
6. Select “Account Settings”



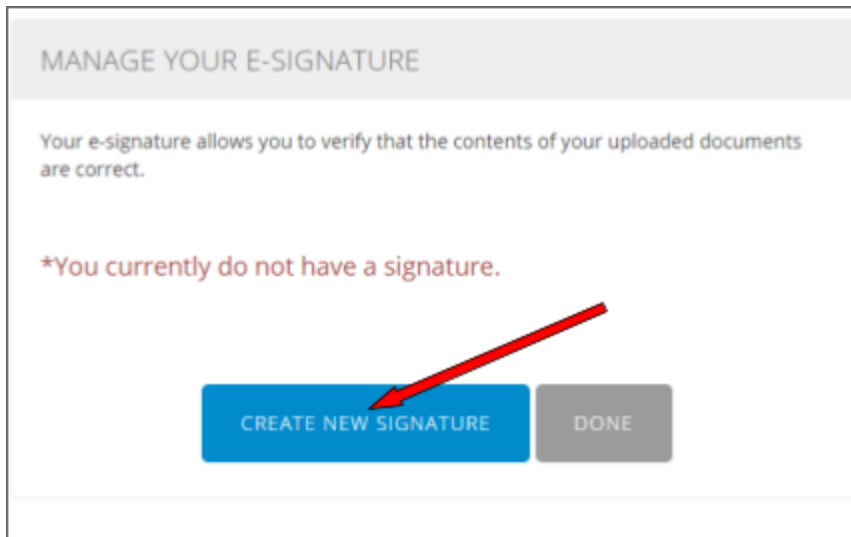
7. The Account Settings page allows you to update your personal info, manage your E-Signatures, and make changes to your Family Accounts.



8. Select “Manage Your E-Signature”



9. Select “Create Your New Signature”



10. Use your mouse (or finger if you're on your phone) to create your E-Signature. You can use the "Clear" button to start over at any time. Select "Save" when finished.

CREATE YOUR E-SIGNATURE

Name*

TEST PARENT

Please sign below:*

TEST PARENT

SAVE CANCEL CLEAR

11. Select "Manage Family Accounts"

ACCOUNT SETTINGS

UPDATE NAME

UPDATE EMAIL ADDRESS

UPDATE PASSWORD

MANAGE YOUR E-SIGNATURE

MANAGE FAMILY ACCOUNTS

MANAGE YOUR E-SIGNATURE

Your e-signature allows you to verify that the contents of your uploaded documents are correct.

Name TEST PARENT

Signature

TEST PARENT

CREATE NEW SIGNATURE DONE

12. Select "Create New E-Signature" to make an electronic signature for your student / athlete through the same process mentioned above. At this stage, you may also choose to enable login privileges for your student / athlete.

MANAGE FAMILY ACCOUNTS & E-SIGNATURES

Family Member TEST STUDENT

First Name* TEST

Middle Initial

Last Name* STUDENT

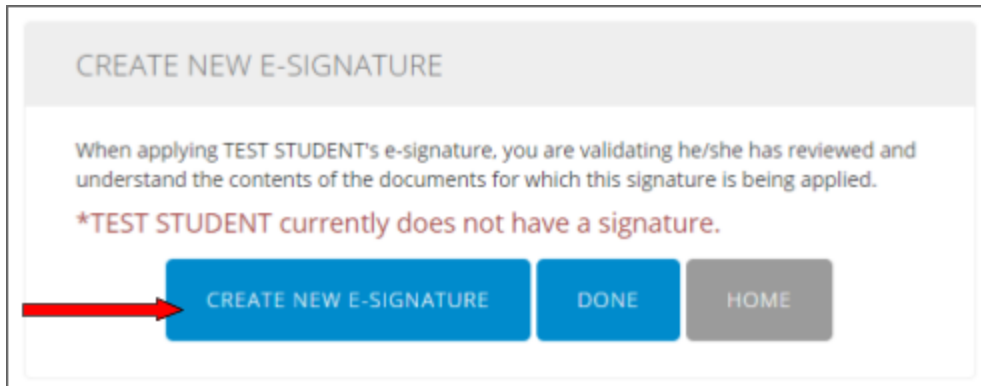
*Family Member does not have signature

Create New E-Signature

Enable Login

SUBMIT CANCEL

13. Read the disclaimer and select “Create New E-Signature.”



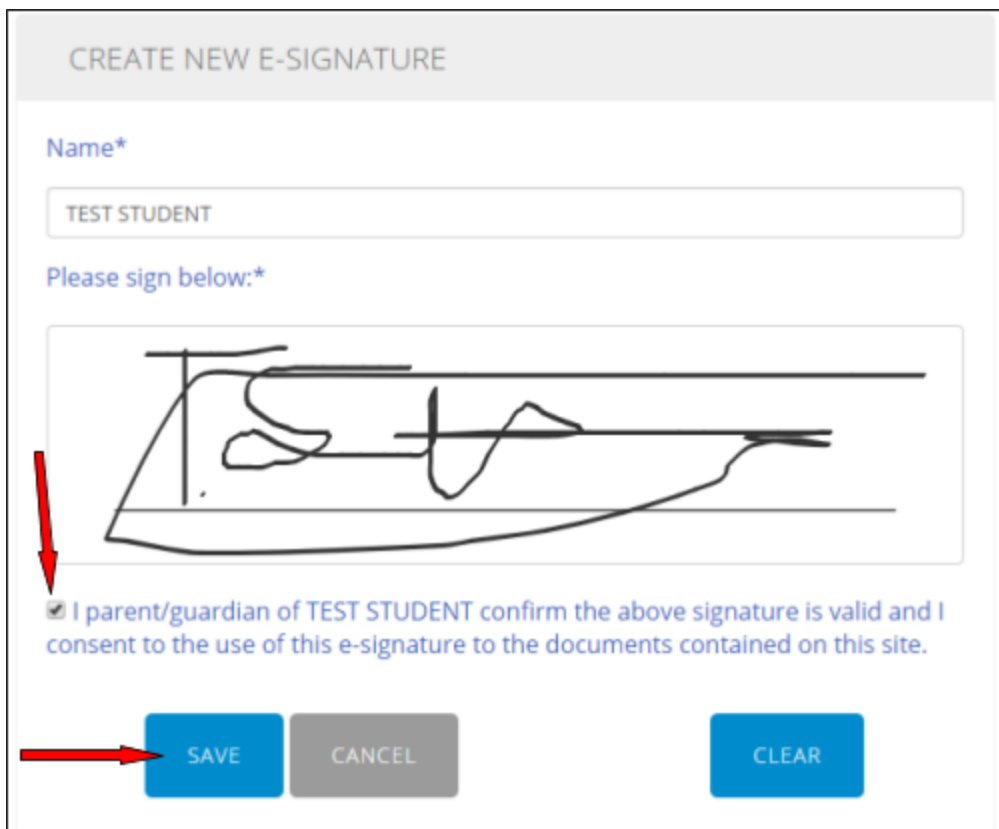
CREATE NEW E-SIGNATURE

When applying TEST STUDENT's e-signature, you are validating he/she has reviewed and understand the contents of the documents for which this signature is being applied.

*TEST STUDENT currently does not have a signature.

CREATE NEW E-SIGNATURE DONE HOME

14. Have your Student / Athlete use their mouse (or finger if they're on their phone) to create their E-Signature. They can use the “Clear” button to start over at any time. Select “Save” when finished.




CREATE NEW E-SIGNATURE

Name*

TEST STUDENT

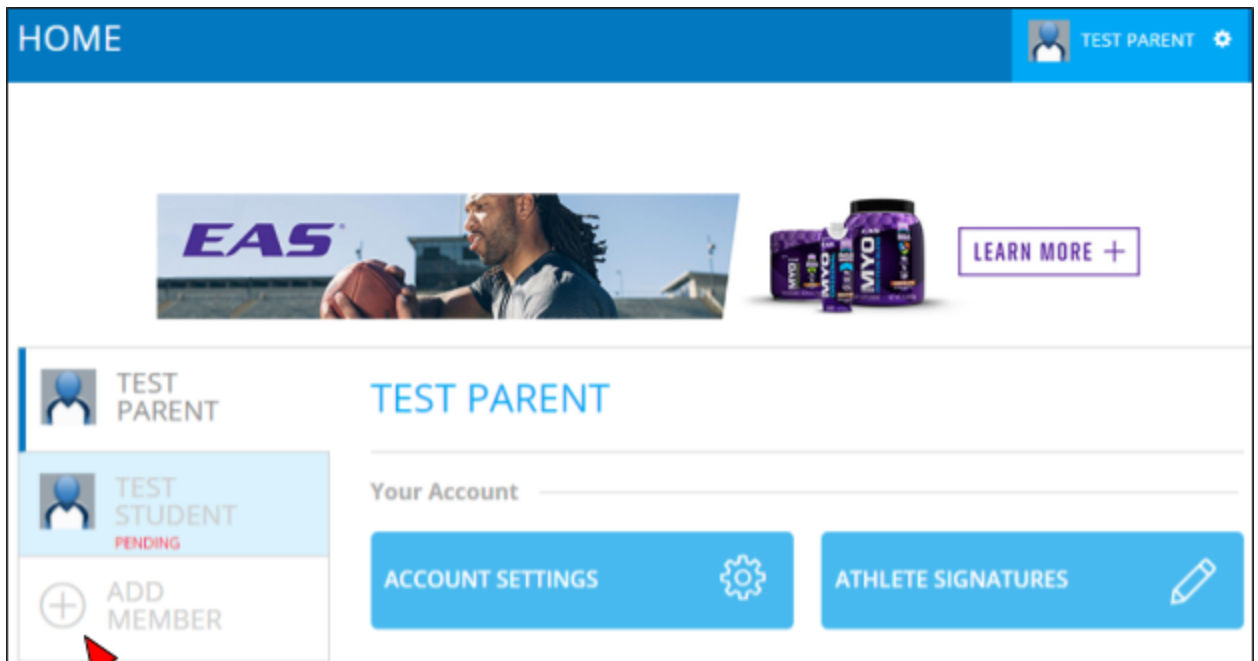
Please sign below:*



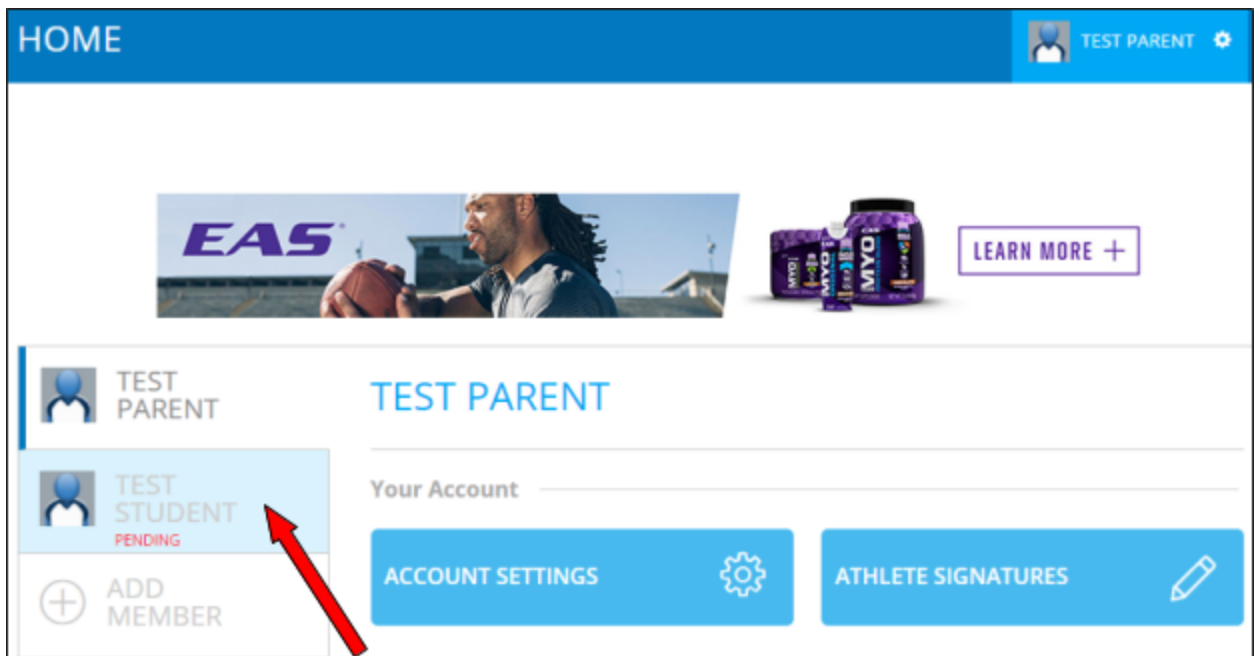
I parent/guardian of TEST STUDENT confirm the above signature is valid and I consent to the use of this e-signature to the documents contained on this site.

SAVE CANCEL CLEAR

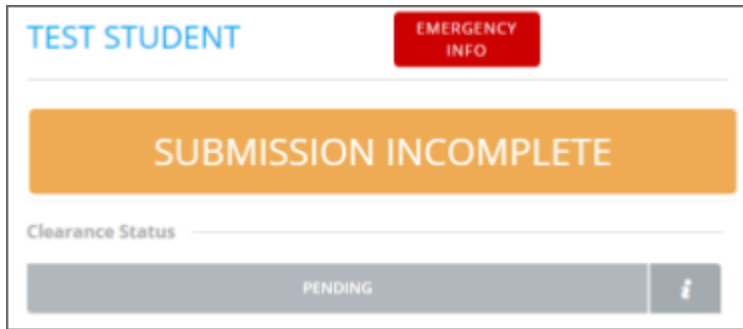
15. Back at the Home screen you can add family members to your account.



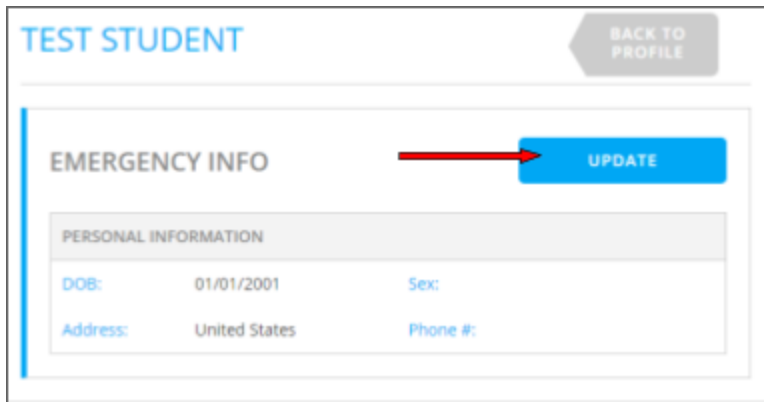
16. Select "Test Student" to finish setting up their account.



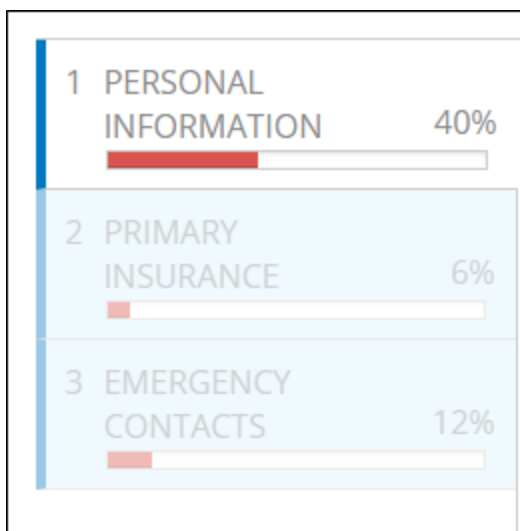
17. Select "Emergency Info"



18. Select "Update"



19. Work through each section: Personal Information, Primary Insurance, and Emergency Contacts.



20. Continue completing the remaining sections. Sections may require you to list information for various emergency contacts, insurance policy information, or read information materials.

Your Information	
COMPLETE PERSONAL DETAILS 100%	UPDATE
PRE-PARTICIPATION HISTORY FORM INCOMPLETE	START
PARENT PERMISSION FORM INCOMPLETE	START
STUDENT AGREEMENT FORM INCOMPLETE	START
MSHSAA CONCUSSION MATERIALS INCOMPLETE	START
ACTIVITY EMERGENCY FORM INCOMPLETE	START
ATHLETIC HANDBOOK INCOMPLETE	START
JOINED TEAMS You have not yet joined any teams of St. Charles High School.	UPDATE

21. You will be asked to sign at the end of each section. Some sections require a Student / Athlete to sign as well.






<p>PRE-PARTICIPATION HISTORY FORM</p> <p>✓ Signed by Parent/Guardian</p> <p>✗ Student/Athlete click here to sign</p>	UPDATE
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22. The last section asks you to “Join” teams at SCHS. To do so, simply check the box and select “Done” when finished.

TEAM MEMBERSHIPS						Language English	LOGOUT
HOME > TEST STUDENT > TEAMS							
<ul style="list-style-type: none">• To join team, check the box next to it.• Teams marked with [*] require a password to join.• To leave a team, simply uncheck the box.							
	Team Type	Description	Year	Coaches	Medics		
<input type="checkbox"/>	Band		2017	Sean Bippen Alison Smith			
<input type="checkbox"/>	Baseball	C team	2018	Brad Bichel Charlie Meeker Nuru Allen Patrick Beilsmith			
<input type="checkbox"/>	Baseball	JV	2018	Brad Bichel Charlie Meeker Nuru Allen Patrick Beilsmith			
<input checked="" type="checkbox"/>	Baseball	Varsity	2018	Brad Bichel Charlie Meeker Nuru Allen Patrick Beilsmith			
<input type="checkbox"/>	Boys Basketball	C team	2017-18	Charlie Meeker Rick Foster Mark Budde Jake Panhorst			

23. Select “Print Documents”

Your Account

PRINT DOCUMENTS 	MANAGE DOCUMENTS 
ACCOUNT SETTINGS 	ATHLETE SIGNATURES 
INCIDENTS 	

24. Select “Download” next to Blank MSHSAA Physical Form.



25. Print the Blank MSHSAA Physical Form. Complete the document and take a digital image.

PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

Physician Reminders:

- Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplements?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider asking questions on particular symptoms (Questions 1-14).

EXAMINATION

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	Pulse	Vision: R 20/	L 20/
MEDICAL	NORMAL	Concussed	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ABNORMAL FINDINGS	

26. Select “Manage Documents”

