

INSTRUCTIONS FOR FILLING OUT ON-LINE PHYSICAL FORMS:

You will need your doctor's and dentist's contact information such as phone number (required) and address (optional).

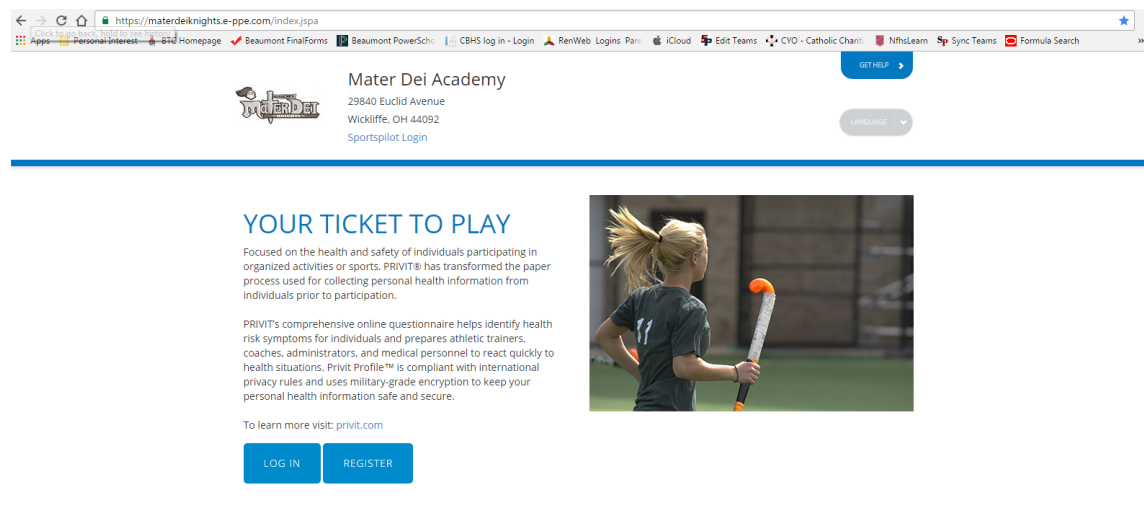
Also have your health insurance card handy as well as you will need to enter the group number, effective date, and policy number for your children.

Click on the link below or copy the following website to your browser:

<https://materdeiknights.e-ppe.com/secure/session/login.jspa>

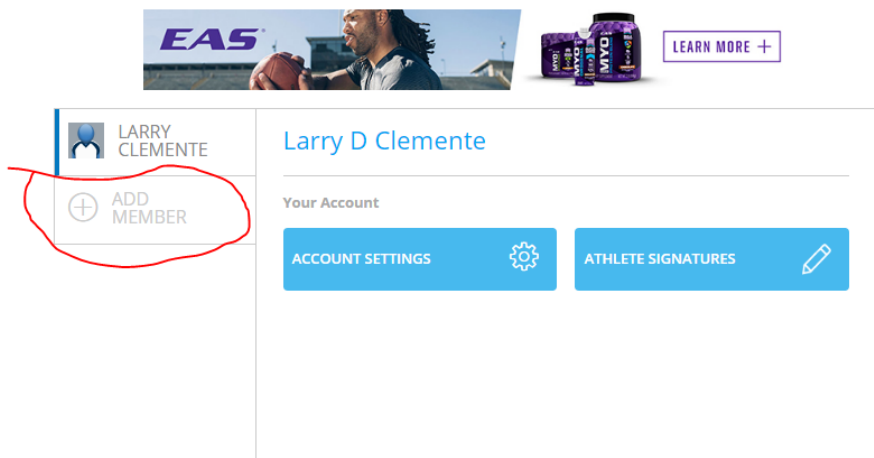
You will be at the login page.

If you don't have an account, click Register and create an account.



Once you have created an account, this is what your home page will look.

Click on Add Member as shown below:



You will be prompted to enter the information below. Create an account for one of your children. Choose “Enable login” if you wish your child to have their own login ID and create an electronic signature. They will have to have their own email address. If this option is not chosen, they can create an electronic signature under your login ID.

Then click on Add Member

[Home](#) / [Add Member](#)

ADD MEMBER

First Name*

Middle Initial

Last Name*

Clemente

Date of Birth*

Month

▼

Day

▼

Year

▼

Gender*

☐ Male

☐ Female

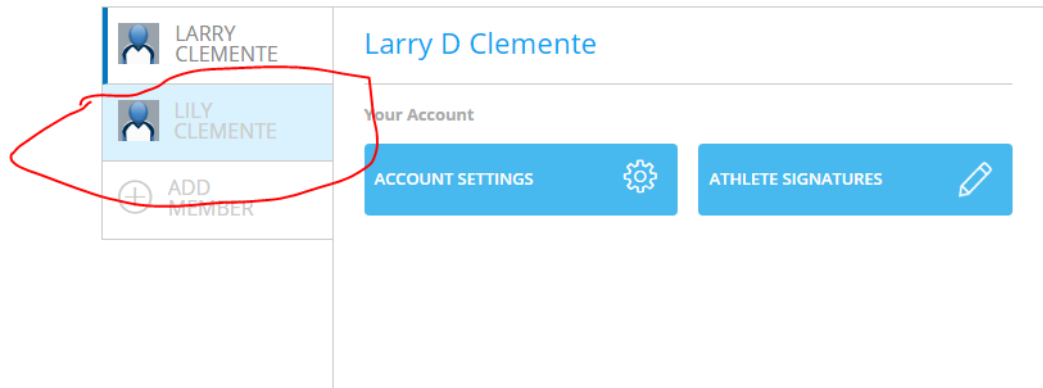
☐ Enable Login

ADD MEMBER

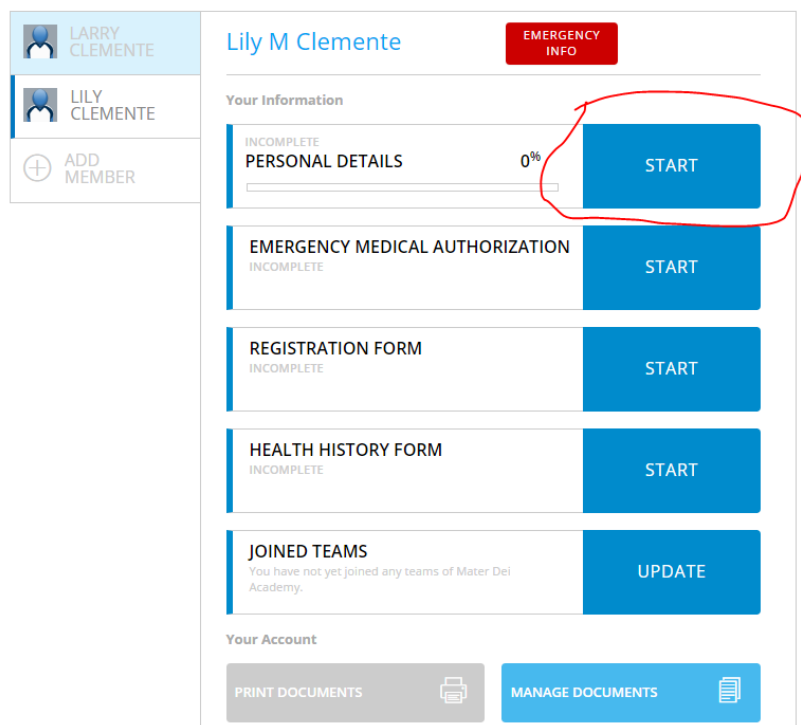
CANCEL

Do not add all of your children at once. There will be an opportunity to copy the data from one child to another, once the first child is added and all of his information is entered.

Click on the name of your child as shown below:



Click on the Start button next to Personal Details as shown below:



Fill out the fields as shown below:

Required fields have an asterisk and are identified in red.

Click on Save & Exit to allow you to save your entries. Click on Next when you have filled out all of the fields and want to move onto the next section.

1 PERSONAL INFORMATION 50%

2 PRIMARY INSURANCE 6%

3 SECONDARY INSURANCE 100%

4 DENTAL COVERAGE 0%

5 FAMILY PHYSICIAN 0%

6 EMERGENCY CONTACTS 0%

(SECTION 1 OF 6)

PERSONAL INFORMATION

NEXT

First Name:*

Middle Initial:

Last Name:*

Lily

M

Clemente

Date of Birth:*

11/20/2016

Sex:*

☒ Male ☐ Female

Primary Address

Address:*

Apt.:

City:*

State:*

Zip Code:*

Country:*

Primary Phone #:*

Secondary Phone #:

Other Phone #:

* An asterisk indicates that an answer is REQUIRED for COMPLETION

SAVE & EXIT

CANCEL

NEXT

The form will show as below when all of the personal details are completed:

LARRY CLEMENTE

LILY CLEMENTE

SAMUEL CLEMENTE

ADD MEMBER

Lily M Clemente

EMERGENCY INFO

Your Information

COMPLETE

PERSONAL DETAILS 100%

UPDATE

INCOMPLETE

EMERGENCY MEDICAL AUTHORIZATION

START

INCOMPLETE

REGISTRATION FORM

START

INCOMPLETE

HEALTH HISTORY FORM

START

JOINED TEAMS

You have not yet joined any teams of Mater Dei Academy.

UPDATE

Your Account

PRINT DOCUMENTS

MANAGE DOCUMENTS

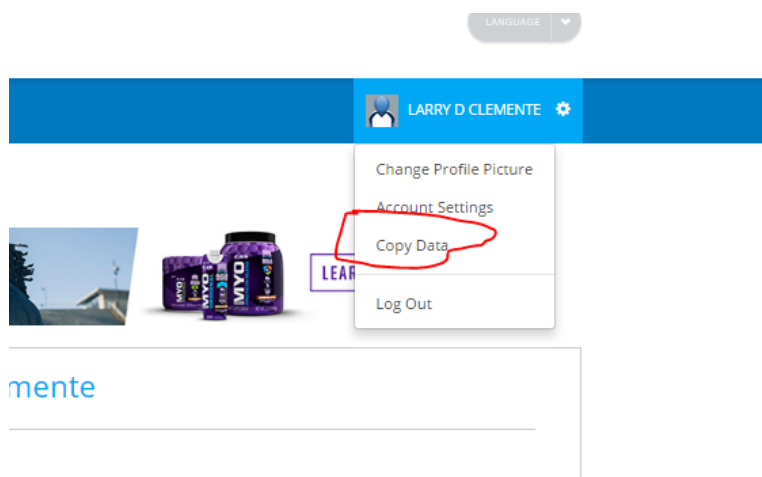
ACCOUNT SETTINGS

ATHLETE SIGNATURES

You can then add your other children by clicking on Add Member, entering their name and birthdate. The following window will pop up when you go to save allowing you to copy the data from one child to another.

The screenshot shows a 'COPY DATA' window with a blue header bar. The header contains the text 'COPY DATA' on the left and a user profile icon with the name 'LILY M CLEMENTE' and a settings gear icon on the right. Below the header, there is a breadcrumb trail: 'Home / Copy Data'. The main content area is divided into three columns: 'FROM', 'SELECT DATA TO COPY', and 'TO'. The 'FROM' column contains a radio button next to 'Lily M Clemente'. The 'SELECT DATA TO COPY' column contains a list of checkboxes: Address, Primary Insurance, Secondary Insurance, Dental Insurance, Physician, Emergency Contact 1, Emergency Contact 2, and Emergency Contact 3. The 'TO' column contains a checkbox next to 'Samuel R Clemente'. At the bottom of the window, there are two buttons: 'COPY DATA' (blue) and 'CANCEL' (grey).

If you don't choose to copy the data, you can do this at a later date by clicking in the upper right hand corner as follows and click on Copy Data.



You will need to join a team

LARRY CLEMENTE

LILY CLEMENTE

ADD MEMBER

Lily M Clemente **EMERGENCY INFO**

Your Information

INCOMPLETE PERSONAL DETAILS 0% **START**

EMERGENCY MEDICAL AUTHORIZATION **INCOMPLETE** **START**

REGISTRATION FORM **INCOMPLETE** **START**

HEALTH HISTORY FORM **INCOMPLETE** **START**

JOINED TEAMS
You have not yet joined any teams of Mater Dei Academy. **UPDATE**

Your Account

PRINT DOCUMENTS **MANAGE DOCUMENTS**

ACCOUNT SETTINGS **ATHLETE SIGNATURES**

Options

Click on the square button to the left of your child's team and then click on Done. If you don't see your child's team, please join MDA CYO. Teams may or may not have coaches names listed.

	Team Type ▲	Description ▼	Year ▼	Coaches	Medics
☒	MDA CYO	All Athletes	2017/2018		

Done

You now need to fill out the remaining forms as follows:

These forms cannot be saved midway so plan to complete each of the forms in one sitting.

Click on START next to each of the remaining buttons and fill out the fields.

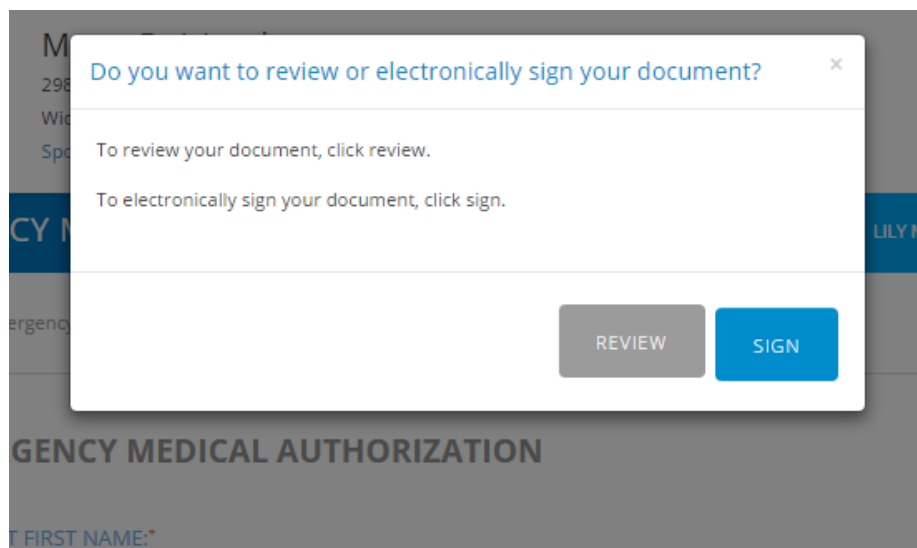
Required fields have an asterisk and are identified in red.

When the fields are filled out, there will be a SUBMIT button at the bottom.

Click on SUBMIT.

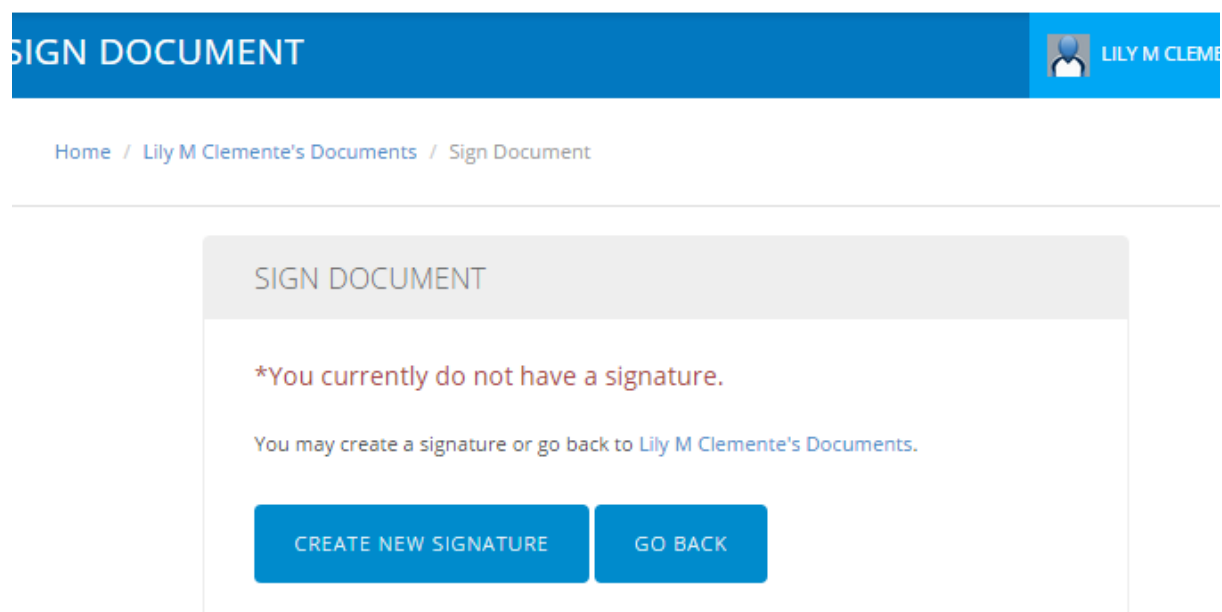
You will be asked to REVIEW or SIGN.

If you choose to review, you can still print out the forms and electronically sign at a later date.



If you choose to sign, the following window will open up. Click on CREATE NEW SIGNATURE.

All documents must eventually be signed by the parent and child to be considered complete.



You will be prompted as follows to create an electronic signature. Click on SAVE when completed.

CREATE YOUR E-SIGNATURE

Name*

Larry D Clemente

Please sign below:*



SAVE

CANCEL

CLEAR

You will then be taken to the following window where you can print out your health history form to take to the physician.

ACTIVE

ARCHIVED

UPLOAD DOCUMENT

DOCUMENT TYPE	UPLOADED BY	SIGNED ON	MORE
 emergencymedicalauthorization.pdf EMERGENCY MEDICAL AUTHORIZATION	Larry D Clemente 11/20/2016	Larry D Clemente Sign Document	
 healthhistory.pdf HEALTH HISTORY FORM	Larry D Clemente 11/20/2016	Larry D Clemente 11/20/2016 Lily M Clemente Sign Document	

DONE

You can always access the documents to print at a later date from the HOME page as follows:

LARRY CLEMENTE

LILY CLEMENTE

ADD MEMBER

Lily M Clemente

EMERGENCY INFO

Your Information

INCOMPLETE

PERSONAL DETAILS

0%

START

INCOMPLETE

EMERGENCY MEDICAL AUTHORIZATION

START

INCOMPLETE

REGISTRATION FORM

START

INCOMPLETE

HEALTH HISTORY FORM

START

JOINED TEAMS

You have not yet joined any teams of Mater Dei Academy.

UPDATE

Your Account

PRINT DOCUMENTS

MANAGE DOCUMENTS

ACCOUNT SETTINGS

ATHLETE SIGNATURES

Options

When the health history form has been signed by your physician, you can upload the document either stored on your PC or by taking a picture on your Smartphone.

LARRY CLEMENTE

LILY CLEMENTE

ADD MEMBER

Lily M Clemente

EMERGENCY INFO

Your Information

INCOMPLETE

PERSONAL DETAILS

0%

START

INCOMPLETE

EMERGENCY MEDICAL AUTHORIZATION

START

INCOMPLETE

REGISTRATION FORM

START

INCOMPLETE

HEALTH HISTORY FORM

START

JOINED TEAMS

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UPDATE

Your Account

PRINT DOCUMENTS

MANAGE DOCUMENTS

ACCOUNT SETTINGS

ATHLETE SIGNATURES

Options

ACTIVE

ARCHIVED

UPLOAD DOCUMENT

DOCUMENT TYPE	UPLOADED BY	SIGNED ON	MORE
 emergencymedicalauthorization.pdf EMERGENCY MEDICAL AUTHORIZATION	Larry D Clemente 11/20/2016	Larry D Clemente Sign Document	
 healthhistory.pdf HEALTH HISTORY FORM	Larry D Clemente 11/20/2016	Larry D Clemente 11/20/2016 Lily M Clemente Sign Document	

DONE