

STEP 1 - Log into the **SAHS Parent Portal** *Not Student Portal*

← → ↻ stanthonysnsny.infinitecampus.org/campus/saintanthony.jsp

Infinite Campus Transforming K12 Education®

Student Information System

Version: Campus.2048.3
Saint Anthony's High School

Username

Password

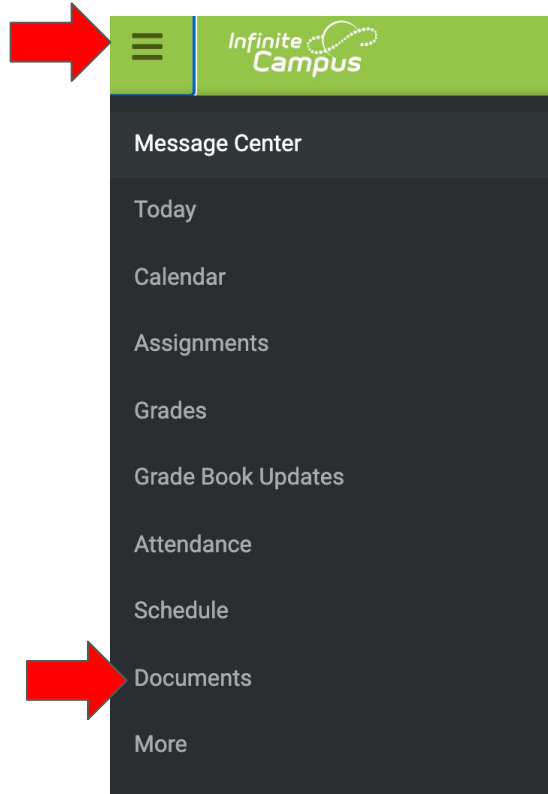
Log In

[Forgot Password?](#) [Forgot Username?](#) [Help](#)

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www.infinitecampus.com

<https://stanthonysnsny.infinitecampus.org/campus/saintanthony.jsp>

STEP 2 - Click “Documents”



STEP 3 - Select child and click “Needs Attention” if prompted. If you see “Signed and Pending” then proceed to Step 5

The screenshot displays the Infinite Campus user interface. At the top, there is a green header with the Infinite Campus logo on the left and a notification bell icon with a red '9+' badge on the right. Below the header, the page is titled 'Documents' and features a search bar with the text 'Select desired student' and a red arrow pointing to the search input. To the right of the search bar is a 'Student' dropdown menu with a profile picture icon. Below the search bar, there is a 'School Year' dropdown menu set to '20-21'. Underneath, there is a 'Health' section containing a document entry for 'Covid-19 Testing Consent Form' with a creation date of '12/10/2020'. A red arrow points to a yellow button labeled 'NEEDS ATTENTION' next to the document entry.

STEP 4 - Review form completely and fill out all blank fields

(all required fields are highlighted in red)

does not present this form, our office will attempt to contact you to request verbal authorization to treat your child. The verbal authorization will be documented in your child's medical records.

Please note: A new permission to test a minor form is required for each visit that the minor will be seen without their parent/legal guardian

Patient Name *	Patient Date Of Birth *
<input type="text"/>	<input type="text"/>
First Name	
<input type="text"/>	
Last Name	
Today's Date *	Parent/Legal Guardian Name *
<input type="text" value="12/10/2020"/>	<input type="text"/>

Relationship to Patient *	Home Phone Number *
<input type="text"/>	<input type="text"/>
Work Phone Number *	Cell Phone Number *
<input type="text"/>	<input type="text"/>



I grant St. Anthony's High School (the school into whose care the minor has been entrusted) to arrange for Covid-19 testing by Rapid Covid MD/The Health Rover for the school year 2020/2021.*

STEP 5 - Provide Digital Signature

Signature Page, page 1 of 1

Covid-19 Testing Consent Form

This electronic signature, for all purposes of legal documents, is the same as a pen-and-paper signature or initial.

_____ Parent/Guardian Signature		_____ Date
_____ Printed Name		

Click to provide digital signature

Scroll down and click "Submit" to complete form



STEP 6 - Notify techsupport@stanthonyschools.org

Once completed and signed, please send an email to techsupport@stanthonyschools.org.

Form completion will be confirmed and campus assignment will then be adjusted.