
Mo'omō'ali Olakino (EHR) Parent Portal

Medical Clearance Guide for Summer Program Parents

March 2026

Table of Contents

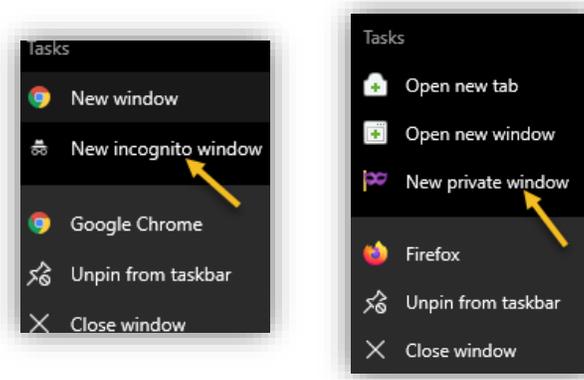
Account Access	2
Logging In	2
Complete Medical Clearance	5
Health Summary	5
Allergies.....	5
Medication	7
Medical Conditions	9
Hospitalizations and Surgeries.....	11
TB Risk Assessment	12
Physical Evaluation Form	13
Immunization Record.....	15
Medical Conditions and Additional Forms.....	16
Completion of Medical Clearance.....	18

Account Access

1. Parents/guardians will be able to **access and see their child's medical clearance items in the Mo'omō'ali Olakino (EHR) Parent Portal the day after receiving summer program invitation.**
2. Please wait one day after receiving summer program invitation to log into the EHR Parent Portal. If you are still unable to log in and/or see your child's medical clearance items in the EHR Parent Portal after this time, reach out to your summer program office for assistance.

Logging In

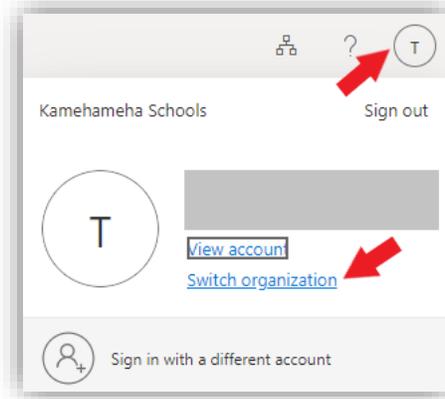
1. Use Chrome Incognito Window or Firefox Private Window for your browser.



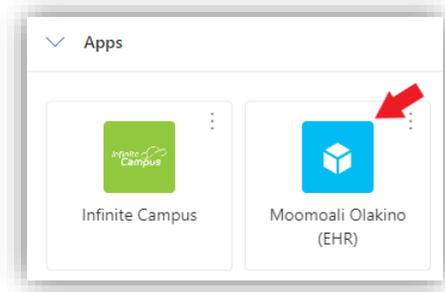
2. Go to <https://ohana.ksbe.edu/> and log in using your personal email that is on record with KS.



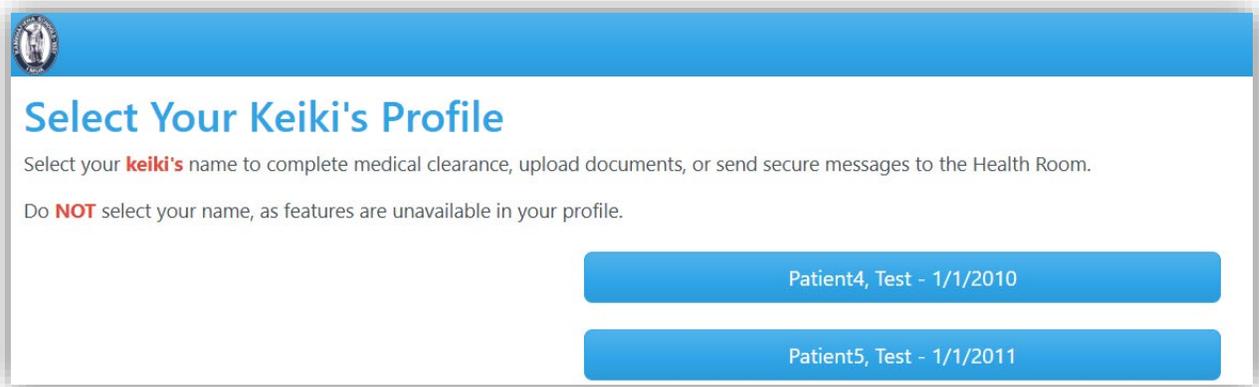
3. It should have the Kamehameha Schools icon on the upper left-hand corner. If it doesn't, click on the icon on the upper right-hand corner, then select 'Switch organization' and select your Kamehameha Schools account.



4. Once in your Kamehameha Schools account, select the Mo'omō'ali Olakino application.



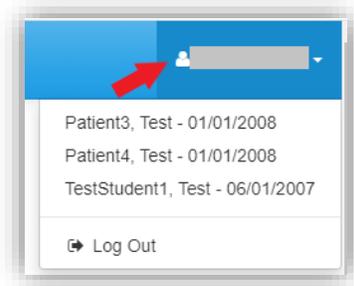
5. Select the child you wish to complete medical clearance for.



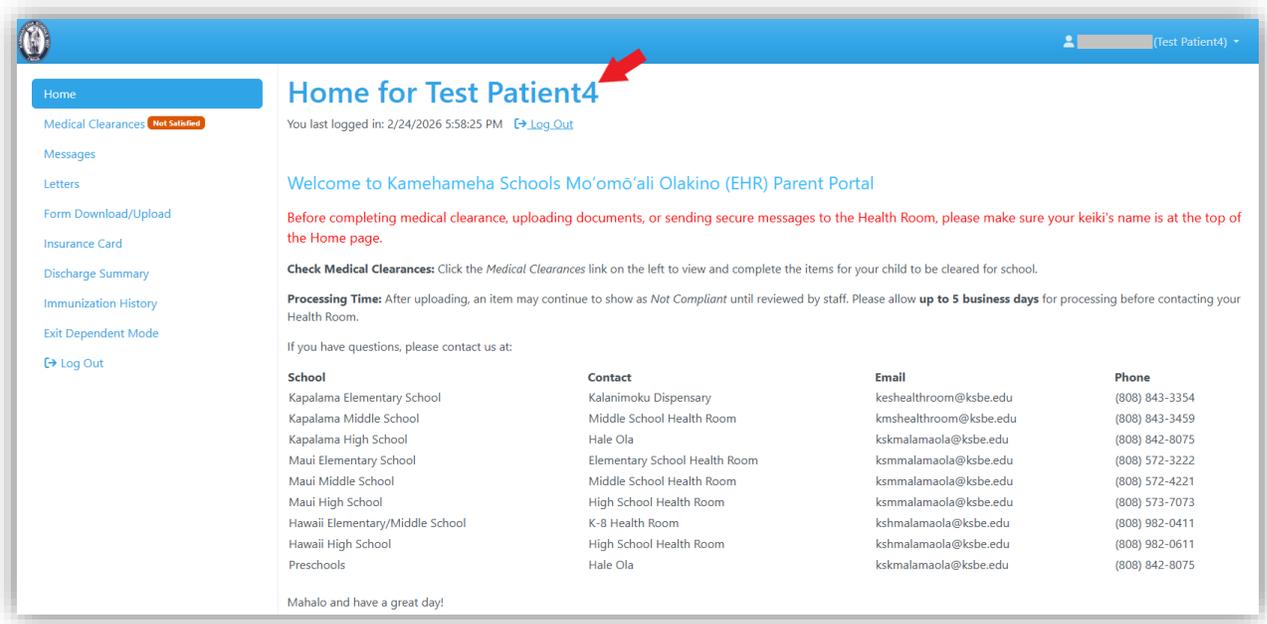
a. Note: At the bottom of the list, you will see the option to "Proceed as <your name>". **Do NOT select this option.**



- b. If you accidentally select this option, click on your name in the upper right-hand corner, then select the child you wish to complete medical clearance for.



- 6. Once logged in, the Home page will appear with your child's name. **Ensure that you are in your child's Home page before completing medical clearance and uploading documents.**



Complete Medical Clearance

1. Select **Medical Clearance** to view the necessary criteria to complete medical clearance.
Note: Criteria will vary based on grade, program, residency, and enrolled courses. Refer to your program's Medical Packet for criteria.



Health Summary: Completed every summer prior to the start of school.

1. Select **Update** next to *Health Summary Summer*.



2. Review the health history listed for your child.
3. If everything is up-to-date, select **Looks Good**.

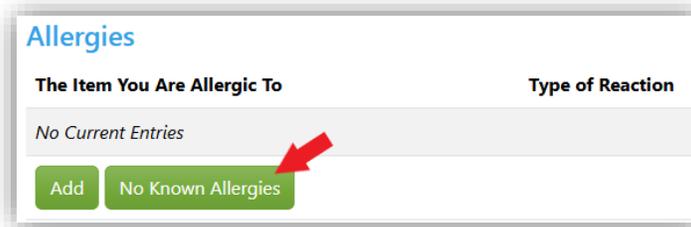


4. If anything needs to be added or changed, select **Additions/changes are needed**.

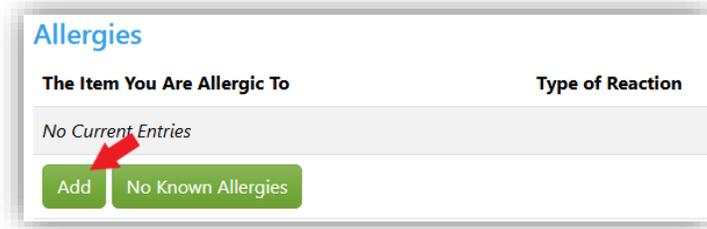


Allergies: Enter any allergies, including food and medication allergies, that your child has.

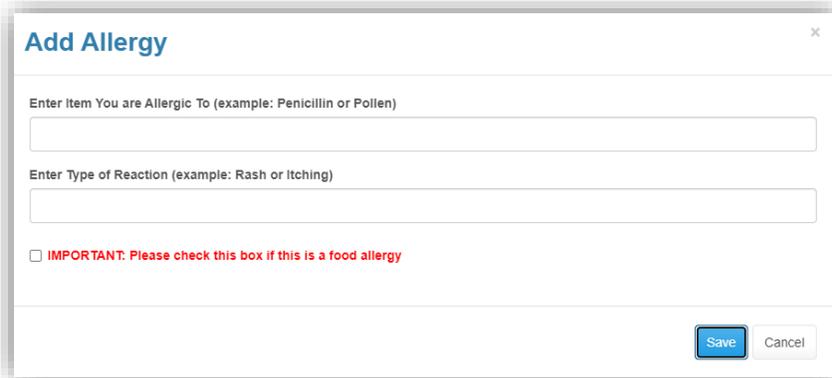
1. If your child does not have any allergies, select **No Known Allergies**.



2. Select **Add** to add an allergy to your child's health history.



3. A pop-up window will open to enter the allergy. Add what your child is allergic to and the type of reaction.
4. If it is a food allergy, please check the appropriate box.
5. Select **Save**.



6. To edit any of the listed allergies, select **Edit**.
*Note: If you would like to remove an allergy that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student is no longer allergic to the item is needed. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*



7. A pop-up window will open. Enter details of why you are requesting to change the allergy. Select **Save**.

Edit Allergy

Please specify the requested change to this allergy:

Dust; Reaction: Sneezing;

I am not allergic to this Medication/Substance

The Type of Reaction is incorrect/incomplete (please supply details below)

Details (as needed)

Save **Cancel**

Medication: Add all medications that your child is currently taking along with the dosage.

1. If your child does not take any medications, select **No Current Medications**.

Medications

Name of Medication	Dosage and Directions
No Current Entries	

Add **No Current Medications**

2. To add the medication, select **Add**.

Medications

Name of Medication	Dosage and Directions
No Current Entries	

Add **No Current Medications**

3. A pop-up window will open. Enter the medication name, dosage, and frequency. Do not abbreviate any medication names.
4. Select **Save**.

Add Medication

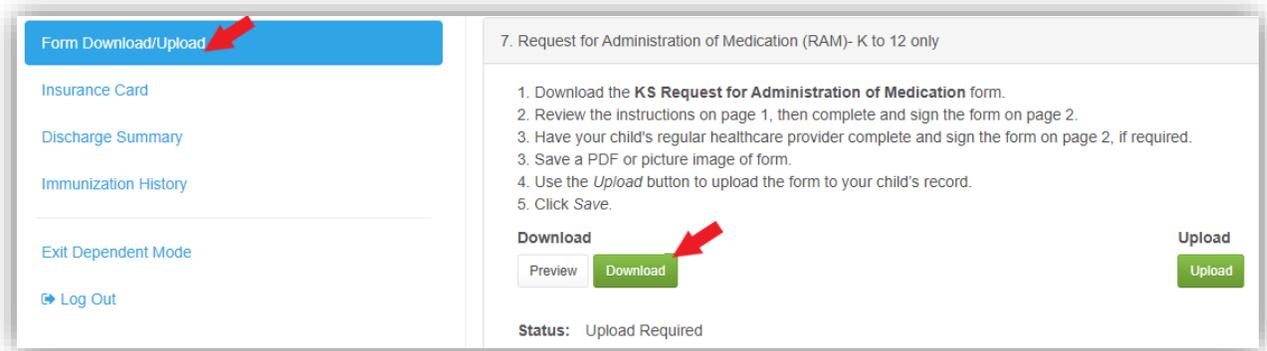
Name of Medication

Dosage of Medication

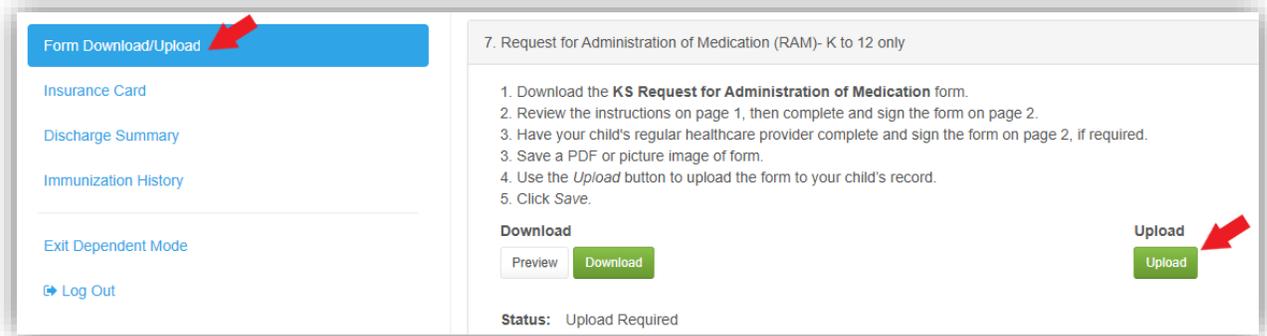
Save **Cancel**

5. If the medication will be administered during program hours, either by Health Room staff or self-administered by your child, please complete a separate **Request for Administration of Medication (RAM)** form for each individual medication.

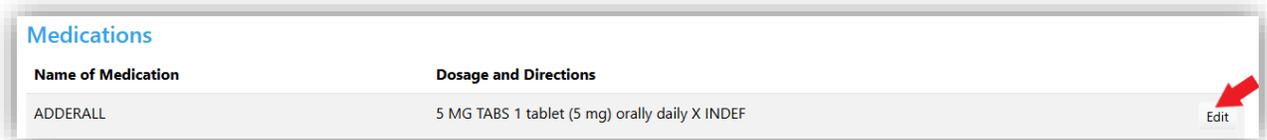
- a. Go to the **Form Download/Upload** section, then scroll to **Request for Administration of Medication (RAM)**.
- b. Select **Download** to download the RAM form.



- c. Complete the form then select **Upload** to upload the RAM as a scanned PDF or picture from your device.



- d. Once uploaded, you will be able to review the document before submitting it.
 - e. Select **Looks Good**.
 - f. Then select **Save** at the bottom of the page.
6. To edit any of the listed medications, select **Edit**.



- 7. A pop-up window will open. Enter details of why you are requesting to change the medication. Select **Save**.

Edit Medication [X]

Please specify the requested change and details to this medication:

ADDERALL; Dosage: 5 MG TABS 1 tablet (5 mg) orally daily X INDEF

No longer taking this medication (please give discontinuation date and reason below)

Never started this medication

Taking medication but Dosage/Directions are not correct (please supply the correction below)

Details

[Save] [Cancel]

Medical Conditions: Enter any medical conditions for which your child has received medical care within the last 5 years and/or have required an overnight admission to the hospital.

1. If your child does not have any medical conditions, select **No Known Medical Conditions**.

Medical Conditions

No Current Entries

[Add] [No Known Medical Conditions]

2. To add a new medical condition, select **Add**.

Medical Conditions

No Current Entries

[Add] [No Known Medical Conditions]

3. Select any condition from the list of most common medical conditions by clicking on it.

Add Medical Condition

Medical

Only enter Medical Conditions for which you have received medical care within the last 5 years and/or have required an overnight admission to the hospital.

In the comments section of the medical condition, **please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen.**

Select Items directly from the list below or select **Add Other Conditions** to add items that are not on the list.

[ADD/ADHD](#) [Allergic Rhinitis/Hay Fever](#)

[Anxiety](#) [Asthma/Reactive Airway Disease](#)

[Atopic Dermatitis/Eczema](#) [Concussion \(current\)](#)

[Concussion \(resolved\)](#) [Depression](#)

[Diabetes](#) [Environmental Allergies](#)

[Headache](#) [Hearing Loss/Disorders](#)

[Heart Conditions](#) [Migraines](#)

[Scoliosis](#) [Seizure Disorder](#)

[Vision Disturbance/Glasses](#)

4. In the comments section of the medical condition, please indicate the severity of the condition and any triggers that might cause the condition to flare or worsen. Select **Save**.

Allergic Rhinitis/Hay Fever [X]

Approximate Age at Onset

Comment

Save Cancel

5. If you do not see a condition on the list, select **Add Other Conditions**, enter condition details, then select **Save**.

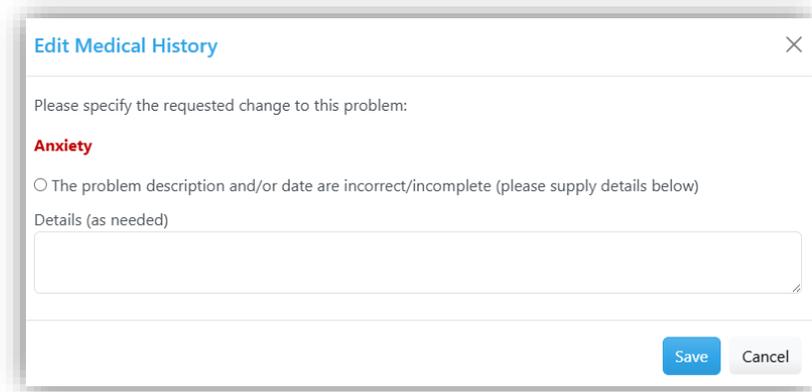


- To edit any of the listed medical conditions, select **Edit**.

*Note: If you would like to remove a medical condition that has been diagnosed by a provider in a prior Physical Evaluation Form, note, etc., a current provider's note stating that the student no longer has the medical condition is needed. Please upload this document in the **Form Download/Upload** section, under the **Miscellaneous** category.*



- A pop-up window will open. Enter details of why you are requesting to change the medical history. Select **Save**.



Hospitalizations and Surgeries: Go through the same process as above to enter Hospitalizations and Surgeries/Procedures within the last 5 years or related to a current medical condition. Include the approximate date.

Add Hospitalization X

Only enter Hospitalizations that have occurred within the last 5 years.

Reason for Hospitalization (example: Pneumonia or Car Accident)

Approx Date

Save Cancel

Add Surgery/Procedure X

Only enter Surgeries/Procedures that have occurred within the last 5 years.

Description of Surgery/Procedure (example: Tonsillectomy or Appendectomy)

Approx Date

Save Cancel

After you finish editing the Health History, remember to select Done at the top or bottom of the page to save all of your changes!

TB Risk Assessment: Completed every summer prior to the start of school.

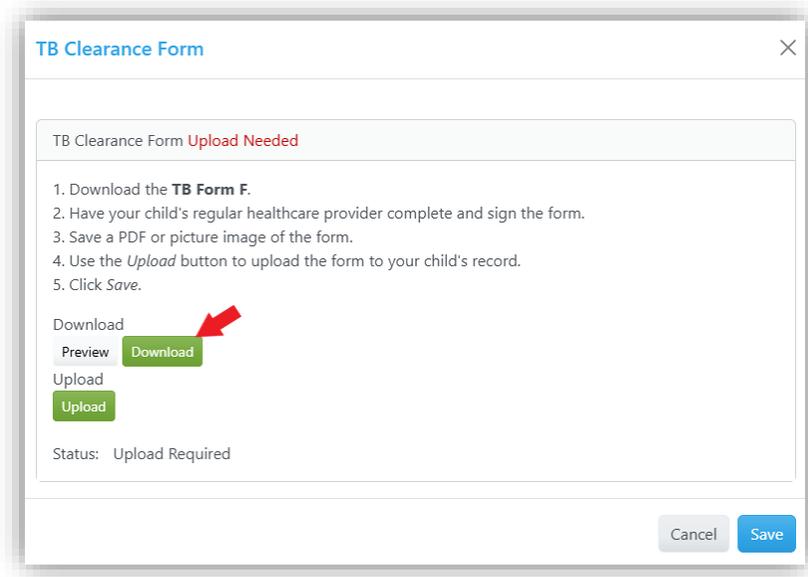
1. Select **Update** next to *TB Risk Assessment Summer*.

TB Risk Assessment Summer Update

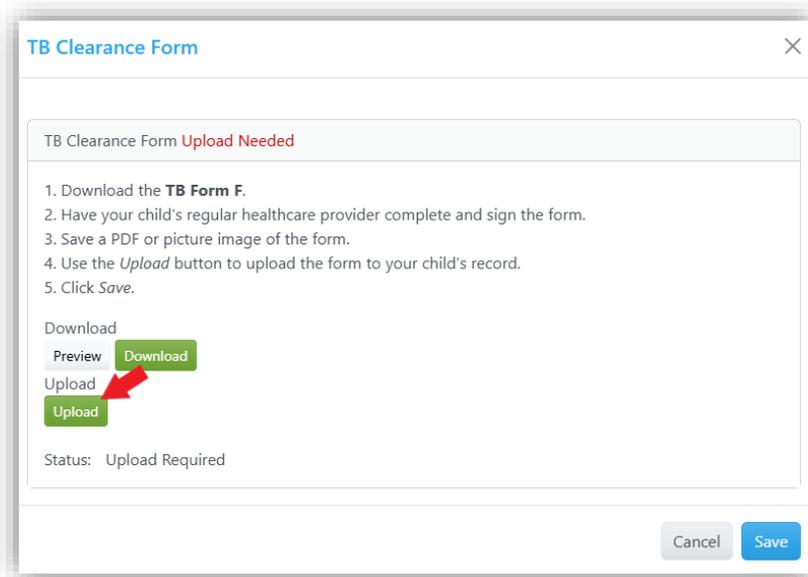
2. Answer all 11 questions and select **Submit** on the bottom of the screen.
3. If you answered 'No' or 'N/A' to all of the questions, this satisfies your child's TB Risk Assessment for medical clearance.
4. If you answered 'Yes' to any of the questions, you will need to provide TB Clearance obtained by your child's primary healthcare provider.
 - a. **TB Clearance Form- K-12** will be added. Select **Update**.

TB Clearance Form- K-12 Update

- b. Select **Download** to download a copy of Form F to be completed by your child's provider.



- c. Select **Upload** to upload the completed Form F as a scanned PDF or picture from your device.



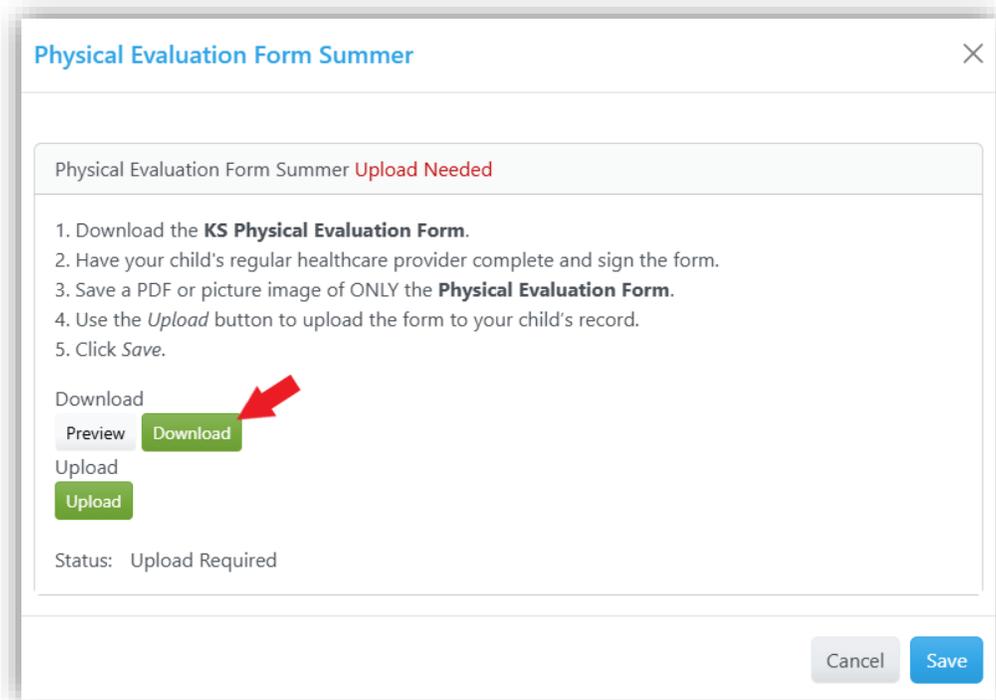
- d. Once uploaded, you will be able to review the document before submitting it.
- e. Select **Looks Good**.
- f. Then select **Save**.

Physical Evaluation Form: Submitted for all HMKK participants, Summer School out-of-state applicants, as well as students who will be participating in select Summer School courses with additional medical clearance.

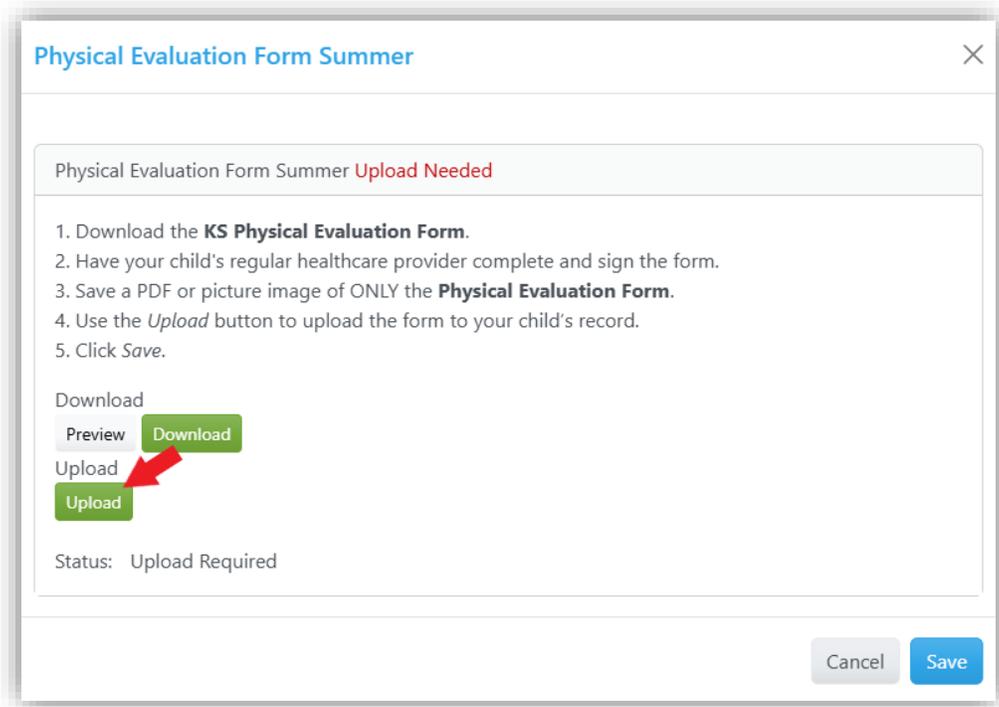
- 1. Select **Update** next to *Physical Eval Form Summer*. A pop-up window will open.



2. Select **Download** to download a copy of the Physical Evaluation form.



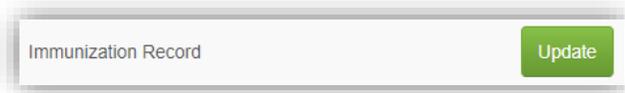
3. Select **Upload** to upload the completed Physical Evaluation form as a scanned PDF or picture from your device.
NOTE: Only the page signed by your child's health care provider should be uploaded to the portal. Do not upload the first page - this is to be completed prior to your child's physical and is for your child's health care provider's reference.



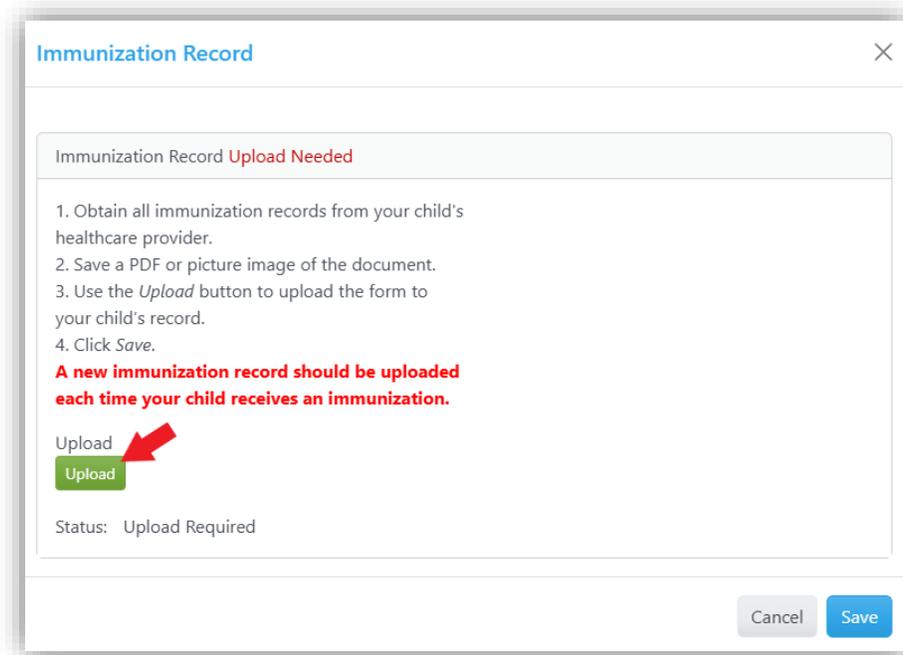
4. Once uploaded, you will be able to review the document before submitting it.
5. Select **Looks Good**.
6. Then select **Save**.

Immunization Record: All HMKK students, Summer School out-of-state students, as well as students who will be participating in select Summer School courses with additional medical clearance submit an immunization record with up-to-date immunizations. *If you have an immunization exemption, please call your designated health room for further assistance.*

1. Select **Update** next to *Immunization Record*. A pop-up window will open.



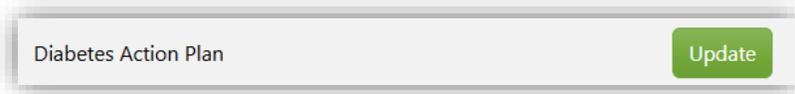
2. Select **Upload** to upload the immunization record as a scanned PDF or picture from your device.



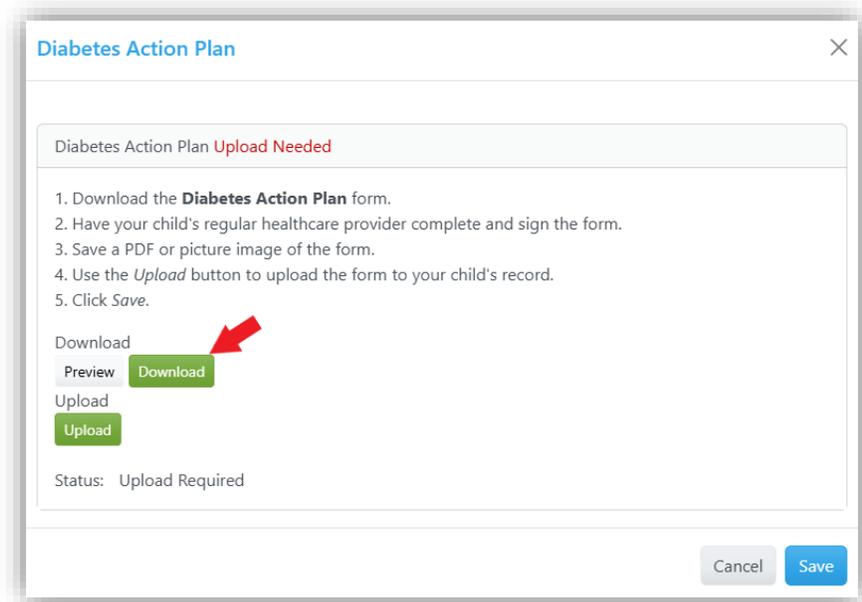
3. Once uploaded, you will be able to review the document before submitting it.
4. Select **Looks Good**.
5. Then select **Save**.

Medical Conditions and Additional Forms

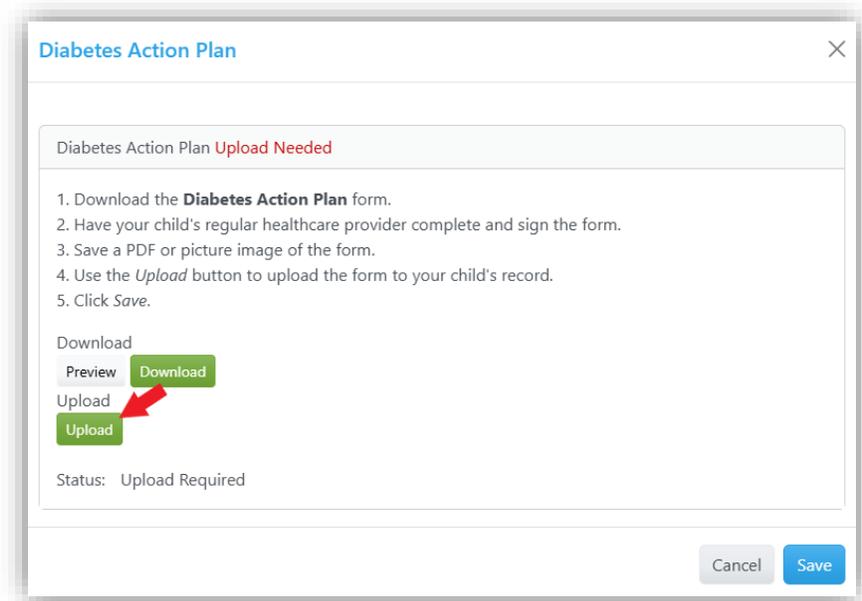
1. If your child has **diabetes, seizures, asthma, and/or severe allergic reactions**, please complete additional forms and/or intake form questionnaires to ensure that your child can safely participate in school and activities.
2. A nurse will review your child's chart and determine if there are additional forms and/or intake form questionnaires for completion. These will be displayed in the **Medical Clearances** section of the EHR Parent Portal for you to complete.
3. Select **Update** next to the additional medical clearance item.



4. Forms:
 - a. A pop-up window will open.
 - b. Select **Download** to download a copy of the form.



- c. Select **Upload** to upload the completed form as a scanned PDF or picture from your device.



- d. Once uploaded, you will be able to review the document before submitting it.
 - e. Select **Looks Good**.
 - f. Then select **Save**.
5. Intake form questionnaires: Answer all questions and select **Submit Final** at the bottom of the screen.

Submit Final

Click here to submit the final content of the form

(You cannot change items after the form has been submitted.)

6. After submitting your form or intake form questionnaire, the Status will show as 'Not Compliant' until reviewed by a nurse.

Allergy Intake Form

✖ Not Compliant

7. Once a nurse has reviewed the form or intake form questionnaire responses, the item will turn 'Compliant'.

Allergy Intake Form

✔ Compliant

Completion of Medical Clearance

1. After you have entered all information for medical clearance, the information will be automatically sent to the nurse for review.
2. Please allow 5 business days for processing before reaching out to your designated Health Room.
3. A nurse will contact you if any further information is needed regarding your child's medical condition, allergies, and/or medications.
4. Once all information is reviewed and verified, the **Overall Clearance Status** will have a green checkmark in the Medical Clearances tab.

Overall Clearance Status: ✔