



SCAN HERE TO START



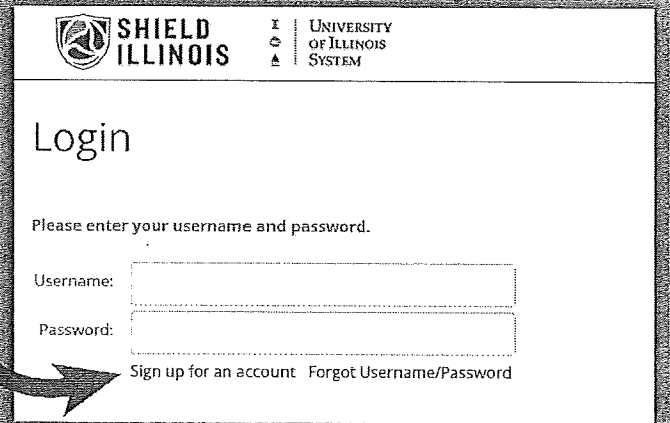
# Accessing your child's test results

*\*\* See Example of instructions on Next Pages*

shieldilportal.pointnclick.com

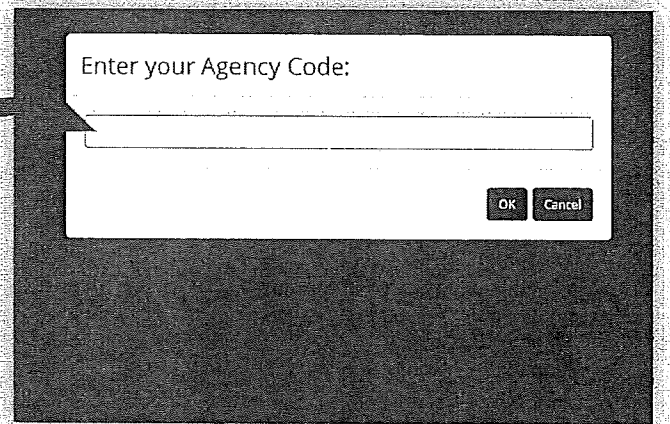
## 1. Sign up

Visit [shieldilportal.pointnclick.com](http://shieldilportal.pointnclick.com) and sign up for an account



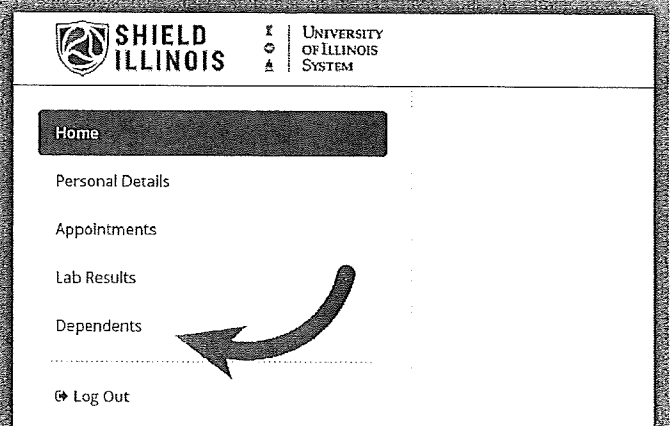
## 2. Use agency code

When signing up, use agency code **df5brbrj**



## 3. Add dependent

Once signed up and logged in, visit the **Dependent** tab on the left, add new dependent, and enter your child's details



# Add New Dependent

To add a dependent who is already a patient in this system, the following fields are required for a match:

- First Name
- Last Name
- Date of Birth (MM/DD/YYYY)
- One of either Email or Mobile Phone is required

\* First Name

\* Last Name

\* Date of Birth

\* Email (Optional)

\* Confirm Email Address

Mobile Phone # (Optional)

\* Zip Code (The zip code of your local residence)

\* Gender  Male  Female  Other

Do Not Enter

## Extra Details

Ethnicity

Race

2nd Race (optional)

Select Race/Ethnicity

Select Race

Select 2nd Race

## Consent for SHIELD Illinois Covid Saliva Testing

*By registering myself or my dependent with SHIELD Illinois, I consent to the collection, storage, and use of any personally identifiable information (such as name and date of birth) and sensitive health information for purposes of receiving, processing, and making available COVID-19 test results. I understand that I am responsible for the accuracy of all information that I enter and represent that I am over 18 years of age.*

Complete the \* fields.

E-mail is the student's school email which is first and last name @ waverlyscotties.com.

Ex. johnsmith@waverlyscotties.com (all lower case)