



**NORTH BROWARD  
PREPARATORY SCHOOL**  
A NORD ANGLIA EDUCATION SCHOOL

# **NBPS**

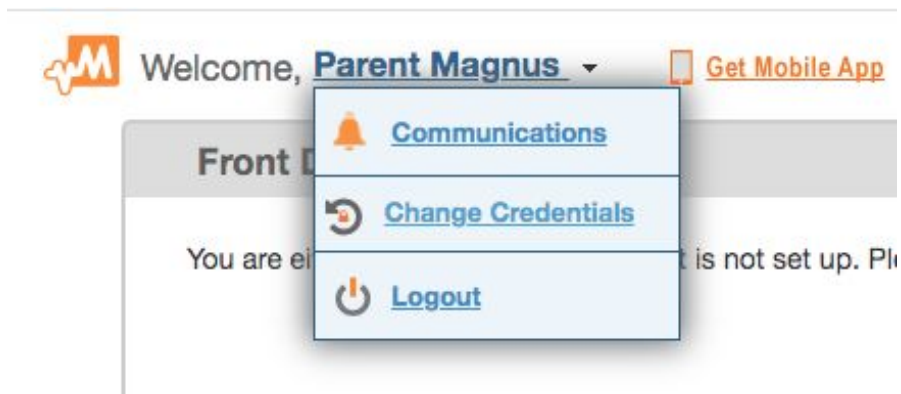
# **Magnus**

# **Instruction**



# Changing Credentials

Login, if you wish to change your username and password for remembering in the future please hover over your name and click **change credentials**.



[Get Mobile App](#) ×

## Update Your Username and Password

**New Username**

**New Password**

**Confirm Password**

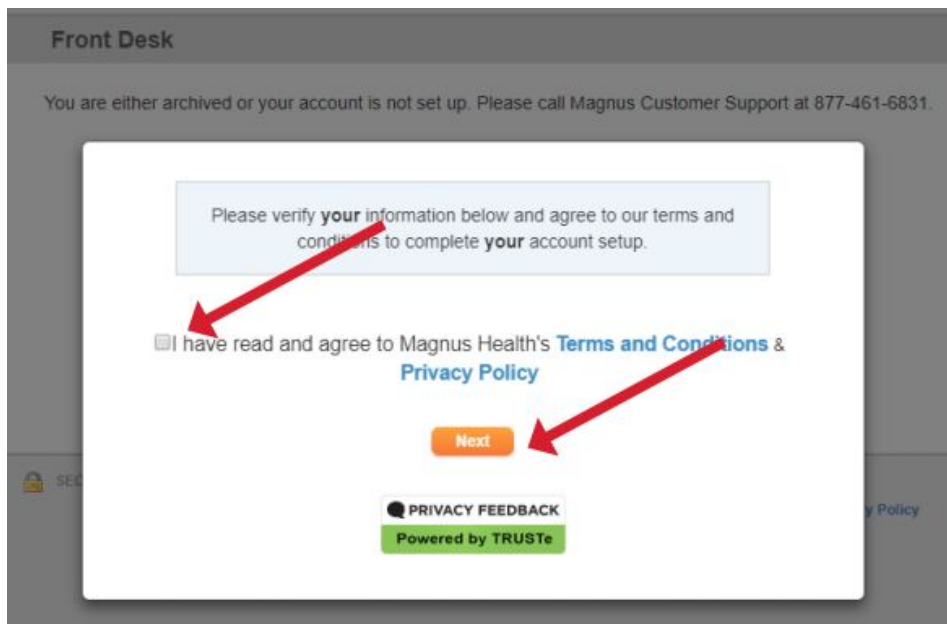
New password cannot be the same as your previous two passwords

Password must meet this criteria

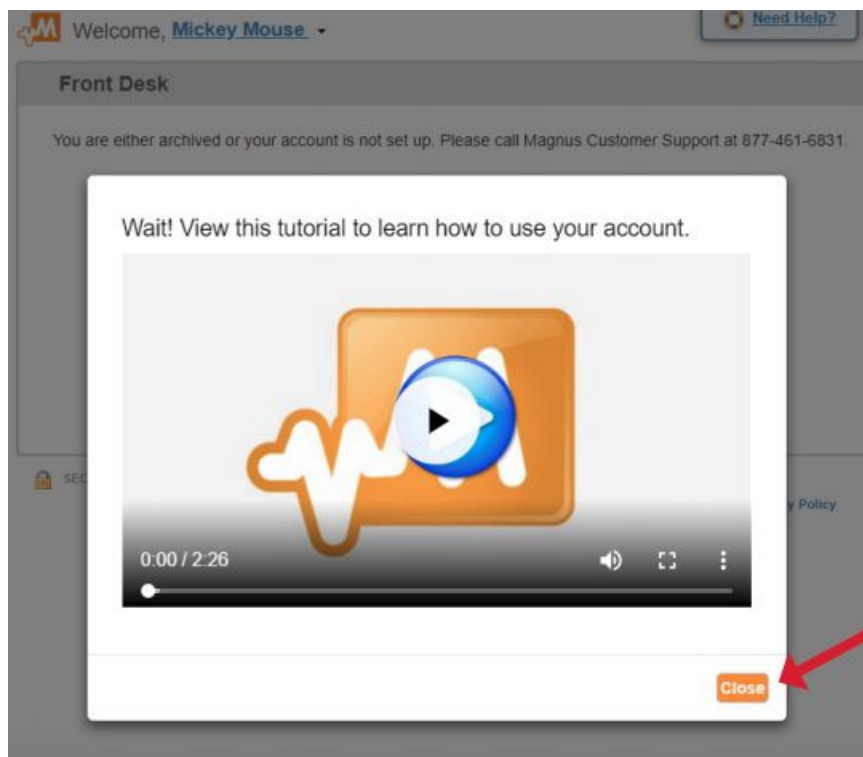
- ✗ At least 10 characters
- ✗ At least 1 special character or symbol
- ✗ At least 1 number
- ✗ At least 1 uppercase letter
- ✗ At least 1 lowercase letter

[Change Credentials](#) [Cancel](#)

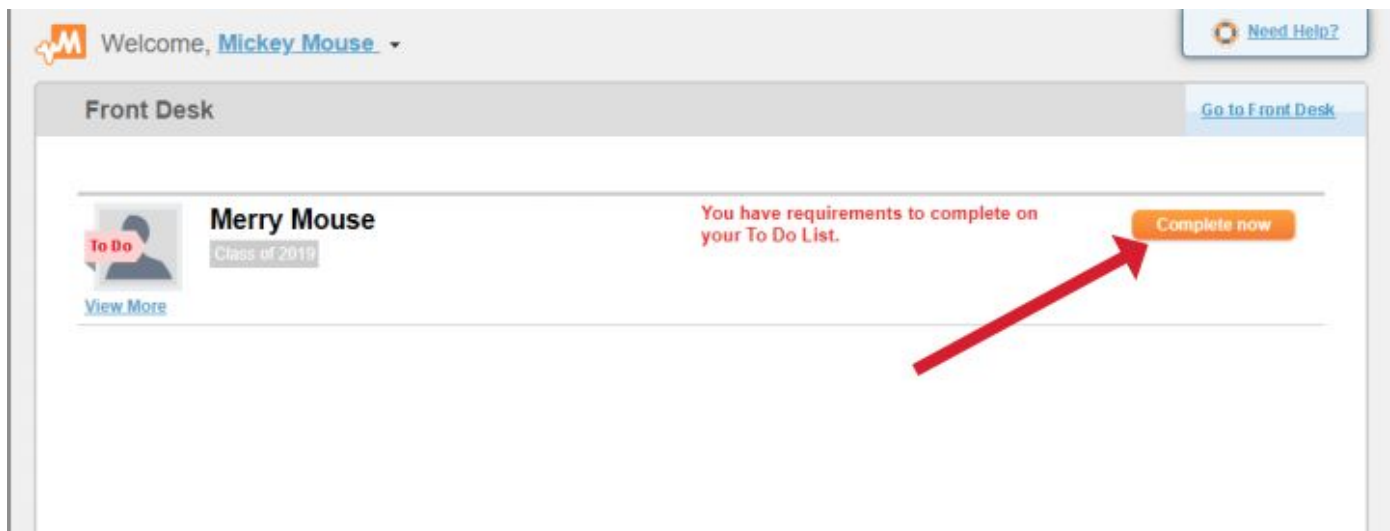
Click on the checkbox and agree to Magnus Health's terms and conditions, then click Next.



View the tutorial (approximately two minutes). If you are familiar with Magnus Health, simply click Close.

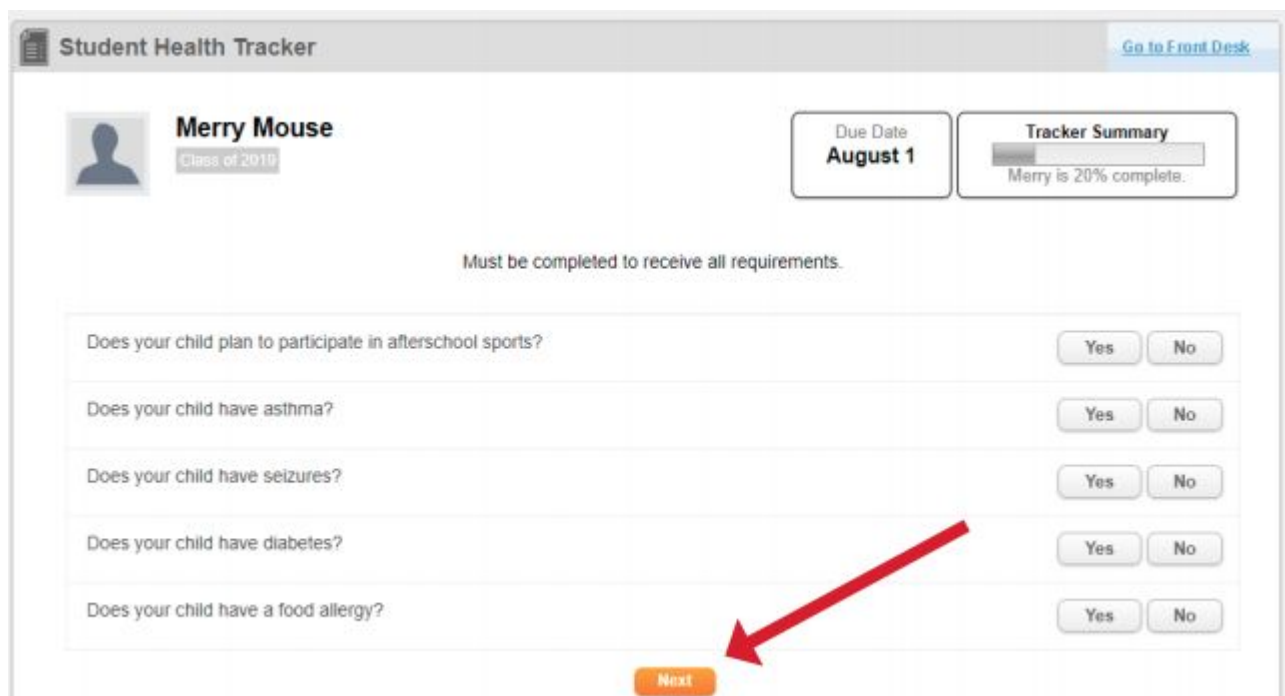


The system will display the name(s) of your student(s). You will need to complete the information for each student you have enrolled at Notre Dame. Click on **Complete now**.



The screenshot shows the 'Front Desk' interface. At the top left, it says 'Welcome, Mickey Mouse'. On the right, there is a 'Need Help?' button. Below the header, there is a 'Go to Front Desk' link. The main content area features a student profile for 'Merry Mouse', Class of 2019, with a 'To Do' icon and a 'View More' link. To the right of the profile, a red message states 'You have requirements to complete on your To Do List.' An orange 'Complete now' button is positioned to the right of this message, with a red arrow pointing to it.

Answer the questions, then click Next. The system will display a list of required forms and questions depending on your answers to the questions. For example, if your daughter will participate in sports, additional forms will need to be completed. If you do not complete these forms, your daughter cannot participate.



The screenshot shows the 'Student Health Tracker' interface. At the top left, it says 'Student Health Tracker'. On the right, there is a 'Go to Front Desk' link. Below the header, there is a student profile for 'Merry Mouse', Class of 2019. To the right of the profile, there is a 'Due Date August 1' box and a 'Tracker Summary' box showing 'Merry is 20% complete.' Below the profile, there is a message: 'Must be completed to receive all requirements.' The main content area contains a list of health questions with 'Yes' and 'No' buttons:

- Does your child plan to participate in afterschool sports?
- Does your child have asthma?
- Does your child have seizures?
- Does your child have diabetes?
- Does your child have a food allergy?

At the bottom of the form, there is an orange 'Next' button, which is highlighted by a red arrow.

To complete the Vital Health Record, click on Fill it out. Please note that the screenshot below is based on answering No to all of the questions.

**Merry Mouse**  
Class of 2019

Due Date  
**August 1**

Tracker Summary  
Merry is 40% complete.

Print blank forms

You have **3** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		<a href="#">Edit</a>	<a href="#">View Answer</a>	✔ Complete No Approval Required
<b>To Do</b> Vital Health Record <i>This is a required form that must be completed by a parent/guardian.</i>		<a href="#">Fill it out</a>		
<b>To Do</b> Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		<a href="#">Fill it out</a>		
Does your child have a learning or physical disability? Notification of Learning and/or Physical Disability		<a href="#">Edit</a>	No	✔ Complete Approved until Jul 1, 2019

Complete the Vital Health Record. You must click on each section and enter the required information. Be sure to click the Save button at the bottom of each section.

**Vital Health Record** Editing for Merry Mouse

[Preview Vital Health Record](#)

Please complete each section of Merry Mouse's Vital Health Record.

Sections

✘ <a href="#">Student Information</a>	Incomplete
✘ <a href="#">Health Emergency Contacts</a>	Incomplete
✘ <a href="#">Insurance</a>	Incomplete
✘ <a href="#">Healthcare Providers</a>	Incomplete
✘ <a href="#">Allergies</a>	Incomplete
✘ <a href="#">Medications</a>	Incomplete

User Details  
Merry Mouse  
DOB: 09/10/2011

Class of 2019

Status  
✘ Incomplete

Deadline: August 1

[Submit for Approval](#)

[Save and return to tracker](#)

Complete the Consent to Treat Form. Click on Fill it out.

**To Do**

**Consent to Treat Form**  
*This is a required form that must be completed and signed by a parent/guardian.*


[Fill it out](#)





Upload your child's most up to date physical and Immunization form required b FL state. You can click the picture of the paper to print the forms.

- International students leave blank-this will be completed at school (Florida Form DH3040 is preferred)
  - A School Entry Health Examination documenting the results of a physical examination given within the last 12 months is required for all newly enrolled students.
  - Students who are transferring to Florida schools from other states, or who are transferring to different schools between Florida counties shall be allowed up to a maximum of 30 days from the first day of school to submit proof of physical examination. **The physical examination must be performed by an individual licensed to practice medicine in the United States.**
- International students leave blank-this will be completed at school with nurses assistance.
  - Florida Certificate of Immunization (Dh680) is required for all newly enrolled students.
  - If your child s a returning student and you did not submit immunization information last year, you will need to download and complete it manually. The completed form can be scanned, photographed clearly with a cell phone, faxed, mailed or dropped off at the front office. To submit it electronically, click on Turn it in.

**To Do**

**Immunization Form**  
*This is a required form that must be completed and signed by a parent/guardian and physician.*  
[Important! View Approval Guidelines](#)

 [Turn it in](#)

<p><b>School Entry Health Exam</b> <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i> <a href="#">Important! View Approval Guidelines</a> Physician's signature required</p>		<a href="#">Edit</a>	<a href="#">View answer</a>	 Complete Approved
<p><b>Immunization Form</b> <i>Please upload a copy of your child's immunization record. This form is from your FL physican.</i> <a href="#">Important! View Approval Guidelines</a> Physician's signature required</p>		<a href="#">Edit</a>	<a href="#">View answer</a>	 Complete Approved <a href="#">More Details</a>

The clinics and on campus have basic over the counter medication listed below. Please indicate if you give permission should your child visit the clinic This will be verified prior to administering any medication..

**To Do**

**Parent Permission to Give Occasional Over-the-Counter Medication**

*This is a required form that must be completed and signed by a parent/guardian.*

**Fill it out**


Please choose yes or no for each medication listed and then click next.

OTC Medication - Name/Generic	<input type="radio"/> Yes To All	<input type="radio"/> No To All
Antibiotic Ointment - Neosporin	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Hydrocortisone cream - Hydrocortisone cream	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Diphenhydramine HCL - Benadryl cream	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other - Burn gels	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other - Topical Analgesics - Biofreeze, Bengay	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Ibuprofen - Advil, Motrin	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Acetaminophen - Tylenol	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Antihistamine - Benadryl	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cough Drops - Cough Drops	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Antacid - TUMS	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bismuth Subsalicylate - Pepto Bismol	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other - Robafen	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other - Eye Drops	<input checked="" type="radio"/> Yes	<input type="radio"/> No

[cancel](#) **Next**





If your child requires prescription medication to be administered while at NBPS. Click yes and upload the medication authorization form.

**Does this student take prescription or non-stock nonprescription medications during the school day?**

**To Do** **Authorization to Administer Medication**  **Yes** **No**

*This is a required form that must be completed and signed by a parent/guardian and physician. A physician's signature is only required for prescription medications.*

If you indicated in the Conditional Questions that your student has asthma, seizures, diabetes or a food allergy, you will need to complete the action plan form for that condition. These forms all require a doctor's signature. 1. Click on the page icon to download the required form. 2. Take the printed form to your child's physician to complete and sign. 3. Scan or clearly photograph both pages of the completed and signed form. 4. Click on Turn it in and submit the form.

<b>To Do</b>	<b>Asthma Action Plan Form</b> <i>This is a required form that must be completed and signed by a physician.</i> <b>Physician's signature required</b>		<b>Turn it in</b>
<b>To Do</b>	<b>Food Allergy Action Plan Form</b> <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i> <b>Physician's signature required</b>		<b>Turn it in</b>
<b>To Do</b>	<b>Diabetes Action Plan Form</b> <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i> <b>Physician's signature required</b>		<b>Turn it in</b>
<b>To Do</b>	<b>Seizure Action Plan Form</b> <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i> <b>Physician's signature required</b>		<b>Turn it in</b>



## Helpful Resources

- [Magnus Health page for Parents](#)
- [Privacy and Security page](#)
- [Magnus Support Center](#)

If you are having difficulty navigating the Magnus system, entering data online, downloading the hardcopy forms, or if you have any other questions, please contact customer support at Magnus Health SMR by phone at 877.461.6831 or by email at [service@magnushealthportal.com](mailto:service@magnushealthportal.com).