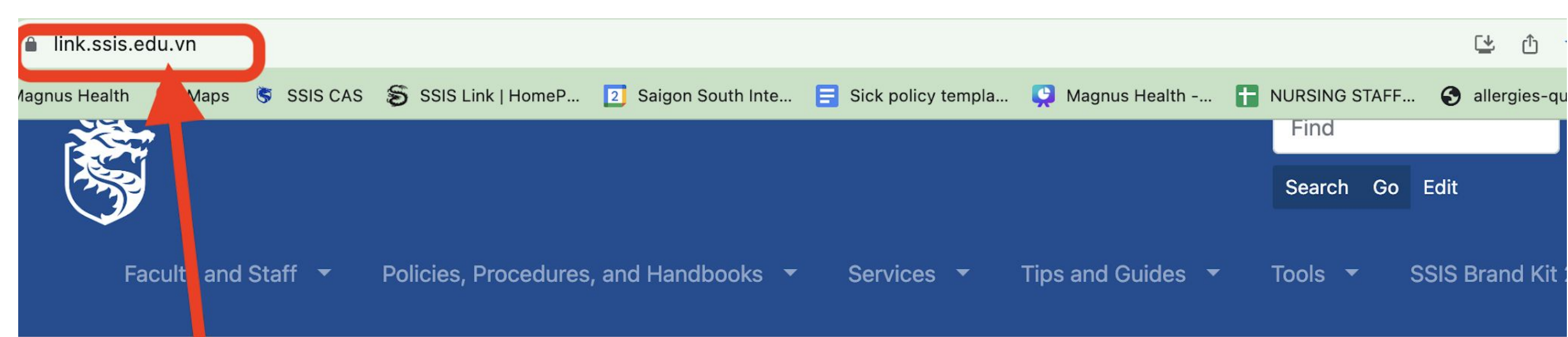




SSiS
SAIGON SOUTH
INTERNATIONAL SCHOOL

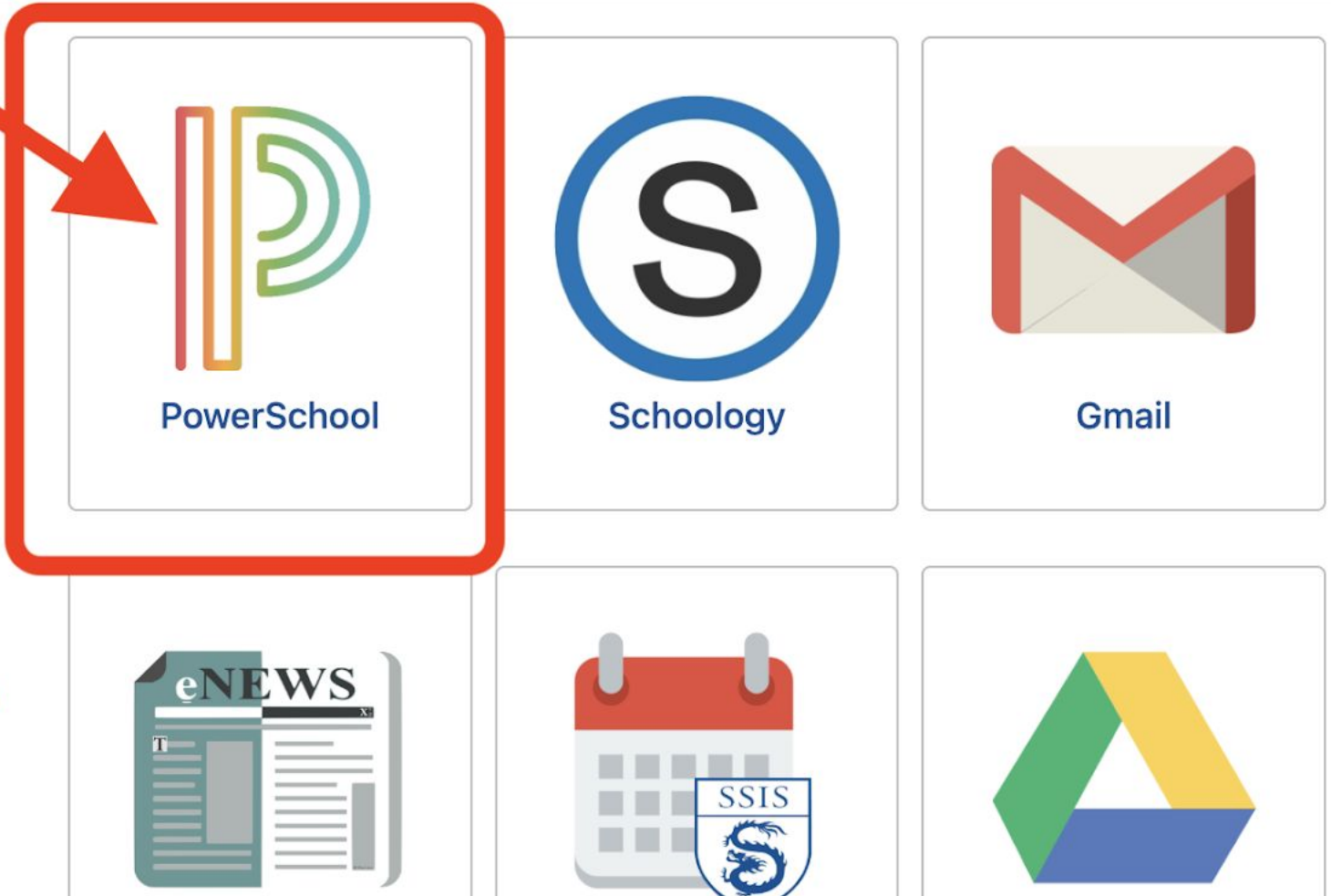
Instructions on How To Navigate the Parent Magnus Health Portal



HomePage

Students Faculty Parents Helpdesk

ENHANCED BY Google



Log into your Powerschool Parent desktop account You can do this from the link page CANNOT ACCESS MAGNUS FROM THE POWERSCHOOL APP

To access your Magnus Health account for the first time

- You will need to log into your Powerschool desktop account

PowerSchool

Alerting

SwiftReach
SwiftK12

Navigation

Grades and Attendance

Grades and Attendance: [REDACTED]


Grades and Attendance

Attendance By Class

Exp	Last Week					This Week					Course	Q1	S1	Q3	S2	Absences	Tardies
	M	T	W	H	F	M	T	W	H	F							

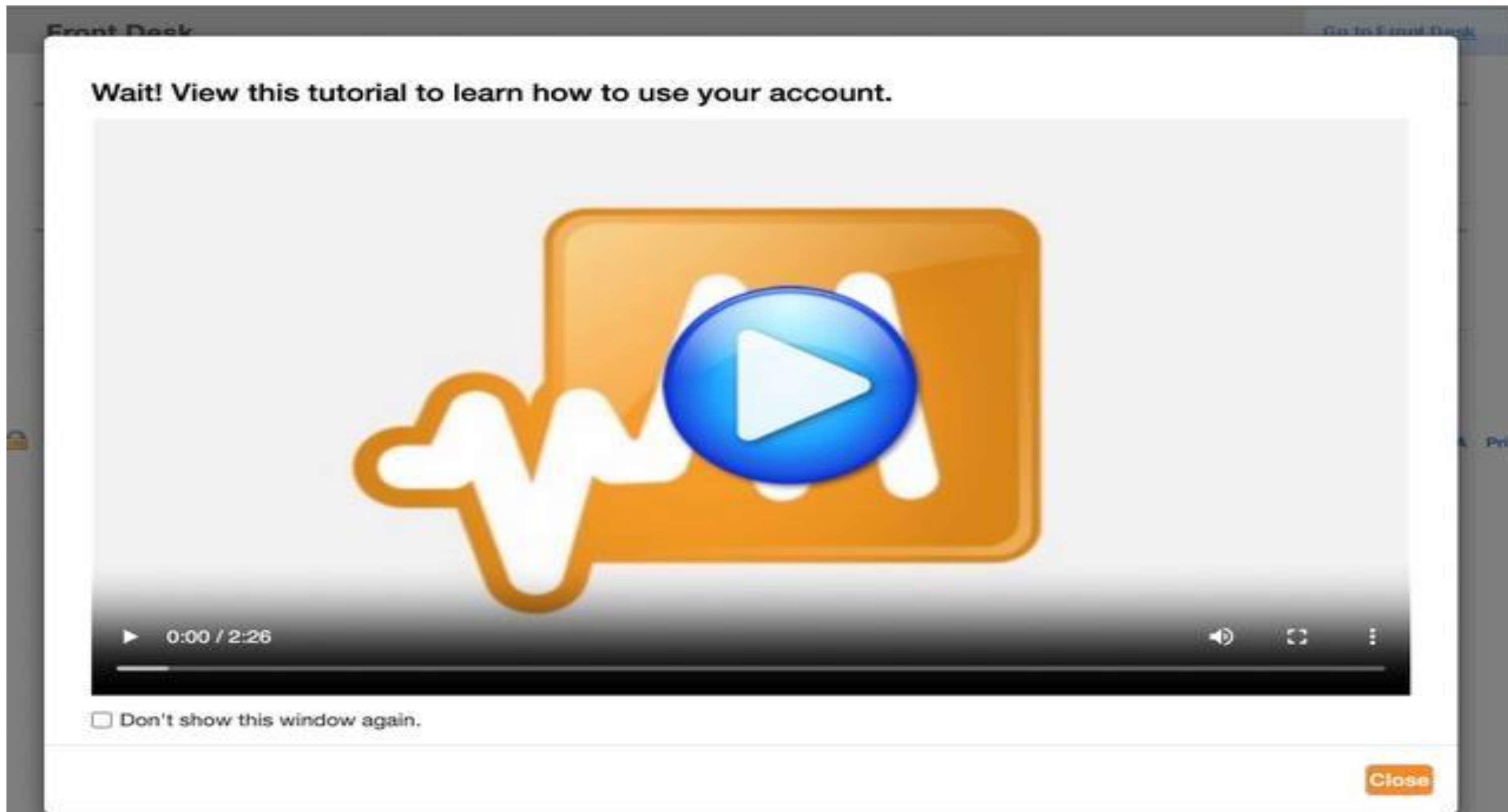
- 1. Select the icon in the top right corner that is a box with an arrow to open the applications menu**

****this cannot be done from the Powerschool App****



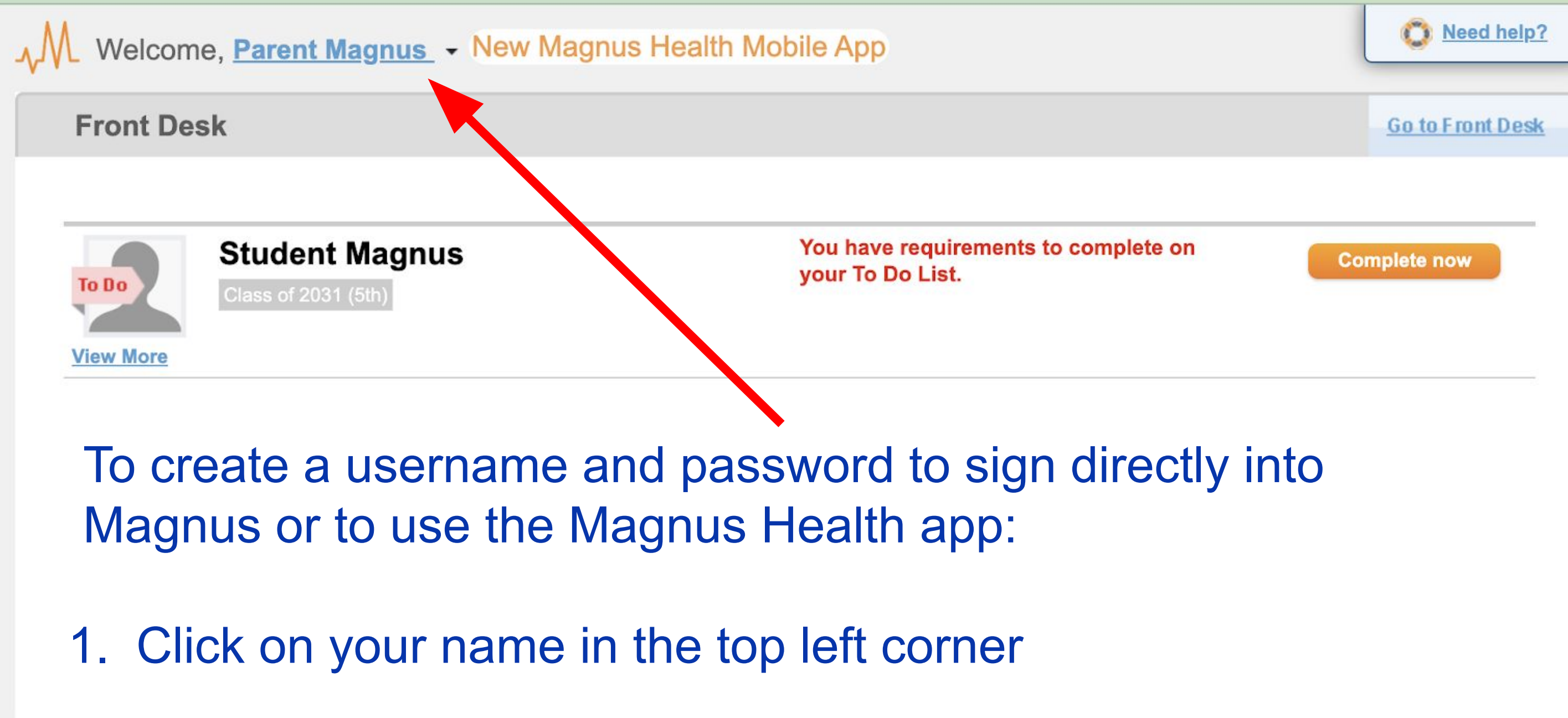
Applications	Description
Magnus Health	Student Medical Record
Special Programs Home	Go to your PowerSchool Special Programs home page.
SwiftReach Plugin	SR-Login-Guardian

- 1. Click on the Magnus Health blue hyperlink**
- 2. This will open your child's Magnus Health Account**
- 3. If you have more than one student it will show all students associated to you.**
- 4. It will take approximately 20 seconds for the Magnus screen to appear**



Once you are in your Magnus Health account a tutorial video will appear. Please watch the video.


Magnus Health Mobile App/Log In Instructions



Welcome, [Parent Magnus](#) ▾ [New Magnus Health Mobile App](#)

[Need help?](#)

Front Desk [Go to Front Desk](#)

To Do  **Student Magnus**
Class of 2031 (5th)

You have requirements to complete on your To Do List. [Complete now](#)

[View More](#)

To create a username and password to sign directly into Magnus or to use the Magnus Health app:

1. Click on your name in the top left corner



- [Communications](#)
- [Change Credentials](#)
- [Logout](#)



Class of 2031 (5th)

[View More](#)

You have requirements to complete on your To Do List.

[Complete now](#)

Click on Change Credentials to create username and password





[View More](#)

[Complete now](#)

Update Your Username and Password

New Username

New Password

Confirm Password

New password cannot be the same as your previous two passwords

New password must not have appeared in any public data breach. Magnus Health integrates [with a third-party service](#) to check this.

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

This is the username and password you need to use the Magnus Health app or access Magnus Health account without going through Powerschool

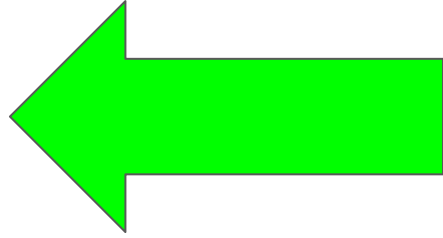
[Change Credentials](#)

[Cancel](#)

  **Student Magnus**
Class of 2031 (5th)
[View More](#)

You have requirements to complete on your To Do List.

[Complete now](#)



- 1. All students associated with you will appear in your account**
- 2. Select the Complete Now button to complete required forms**
- 3. You will do this for each child**

Welcome, [Parent Magnus](#) - [New Magnus Health Mobile App](#)

[Need help?](#)

Student Health Tracker

[Go to Front Desk](#)



Student Magnus

Class of 2031 (5th)

Due Date
December 1

Tracker Summary
Student is 0% complete.

Must be completed to receive all requirements.

Does your child have a severe allergy that causes ANAPHYLAXIS requiring an EPIPEN?

Does your child have asthma requiring an inhaler?

Does your child have diabetes?

Has your child been diagnosed with epilepsy or a seizure condition?

Yes No

Yes No

Yes No

Yes No

Next

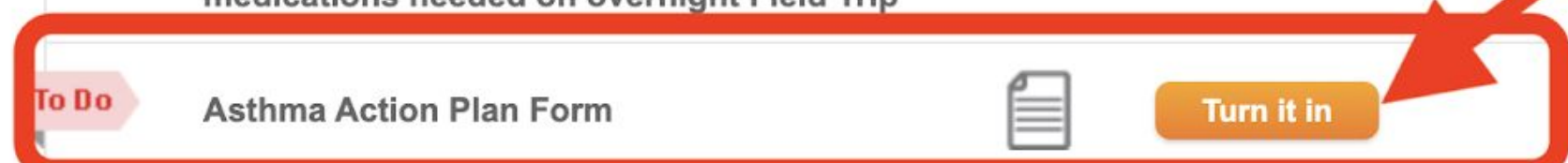


- 1. You will answer “yes/no” to ALL four questions**
- 2. If you answer “yes”, It will add a required form called an Emergency Action Plan that will need to be printed, filled out and signed by a medical provider.**
- 3. At the top right you will see the due date for your forms and the status of completion**

You have **9** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete Approved until Jun 30, 2024
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>Physician's signature required</i>		Turn it in		
To Do Immunization Form Important! View Approval Guidelines <i>Physician's signature required</i>		Turn it in		
To Do Over-The-Counter Medication Form		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form for Medication at school		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form for medications needed on overnight Field Trip		Yes No		
To Do Asthma Action Plan Form		Turn it in		

EXAMPLE ONLY: If you answer yes to any of the four questions on the previous page An emergency action plan will appear in your child's health record. This will need to be printed, filled out and signed by a medical provider.








You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete No Approval Required
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i>		Turn it in		
To Do Immunization Form		Turn it in		
To Do Over-The-Counter Medication Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form		Yes No		

“Fill it out”

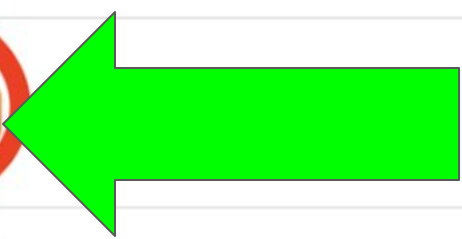
- This is a form you fill out digitally online

You have 8 requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete No Approval Required
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i>		Turn it in		
To Do Immunization Form		Turn it in		
To Do Over-The-Counter Medication Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form		Yes No		

“Turn it in”

- A form you will print
- You need to have completed
- Have a medical provider sign/stamp
- Download or take a photo to submit it to your child’s medical record



[Back](#)

Physical Exam Form

Close

Have you ALREADY obtained and completed the form "Physical Exam Form"?



Yes, Submit



No, download my form

Select “No, Download my form” if you need to print a blank form to be filled out and signed

Physical Exam Form

Close

Have you ALREADY obtained and completed the form "Physical Exam Form"?

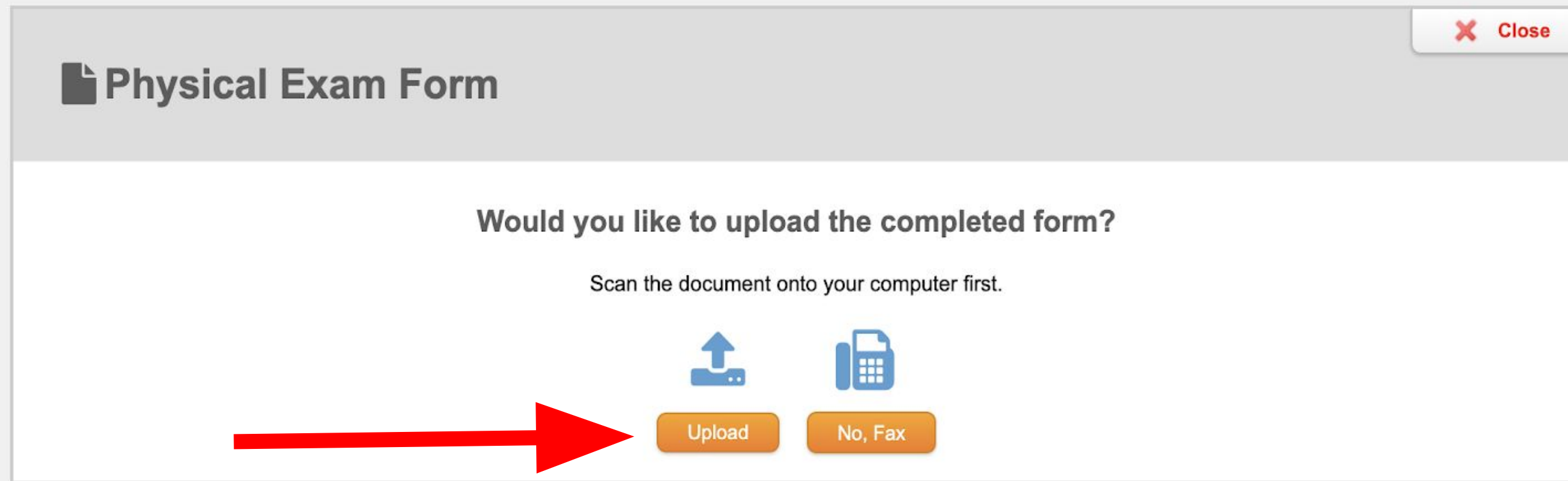


Yes, Submit

No, download my form

When you are ready to submit a form that says “Turn it in”:

- **Select the “turn it in” button on the Student Health tracker page**
- **Select “Yes,Submit”**



- **Download a photo or PDF of your completed form**
- **You can also take a photo on your phone and upload it through the Magnus Health App**
- **Select “Upload”**

Physical Exam Form

Close

Upload

Choose File No file chosen

+ [Have more than one page? Add another.](#)






- To combine multiple pages add each page you wish to combine until you have selected all pages. Then click "Upload File(s)."
- Your document must be a PDF, PNG, JPG, JPEG, BMP, or GIF file.



Next you will:

- **Select "Choose File"**
- **Find your file or files you want to upload**
- **Select "Upload File(s)"**

You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete No Approval Required
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i>		Turn it in		
To Do Immunization Form		Turn it in		
To Do Over-The-Counter Medication Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form		Yes No		

This is where you will:

- Fill out all required health information For your child

Vital Health Record

Editing for Student Magnus

[Preview Vital Health Record](#)

User Details



Student Magnus

DOB:04/19/2016

Class of 2023 (grade 12)

Status

✖ Incomplete

Deadline: August 1

[Submit for Approval](#)

[Save and return to tracker](#)

Please complete each section of Student Magnus's Vital Health Record.

Sections [Click on each hyperlink and fill in the required information](#)

Student Information	Completed Since: 3 days ago
Health Emergency Contacts	Incomplete
Insurance	Incomplete
Healthcare Providers	Incomplete
Allergies	Last Updated: 3 days ago
Medications	Incomplete
Mental / Behavioral	Incomplete
Other Health Conditions	Incomplete
Additional Medical Information	Incomplete

Allergies Section

Add Allergy

Editing for Student Magn

Allergy Name: *
Allergy Reaction: *
Severity of Reaction: *
Date of Last Reaction:
Allergy Notes:
Do you have an Epi Pen:
Signs of Reaction: *

Allergy Not Listed
Other Allergy (or food intolerance)
Common Allergies - Food
Eggs
Fish (such as bass, cod, flounder)
Gluten
Legumes
Milk
Peanuts

Save

Save and Add Another

[Cancel](#)

Selecting the drop down menu will give you a list of food, medication or environmental allergies.

If you don't see it listed select "Allergy Not Listed"

Allergies Section

Add Allergy

Editing for Student Magn

Allergy Name: *

Allergy Reaction: *

Severity of Reaction: *

Date of Last Reaction:

Allergy Notes:

Do you have an Epi Pen?

Signs of Reaction: *

Options for Severity of Reaction: Annoyance, Debilitating, Interruption in Daily Routine, Life Threatening, Severe

- Select the drop down arrow for Reaction
- You will see the 3 most common
- Annoyance=upset stomach, nausea, diarrhea
- Life Threatening=need emergency medication right away or death could occur
- Severe=need medication right away such as antihistamine or the reaction could worsen

Save Save and Add Another Cancel



[Print blank forms](#)

[Print Summary](#) [Print All Records](#)

You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete Approved until Jun 30, 2024
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <small>Physician's signature required</small>		Turn it in		
To Do Immunization Form Important! View Approval Guidelines <small>Physician's signature required</small>		Turn it in		
To Do Over-The-Counter Medication Form		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form for Medication at school		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form for medications needed on overnight Field Trip		Yes No		

To Do

To Do

To Do

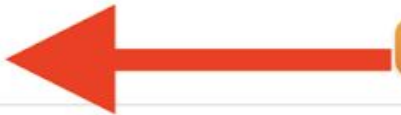
To Do

To Do

To Do

To Do

To Do



This gives SSIS health office permission to provide treatment to your child



[Print blank forms](#)

[Print Summary](#) [Print All Records](#)

You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	Complete Approved until Jun 30, 2024
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>Physician's signature required</i>		Turn it in		
To Do Immunization Form Important! View Approval Guidelines <i>Physician's signature required</i>		Turn it in		
To Do Over-The-Counter Medication Form		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form for Medication at school		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form for medications needed on overnight Field Trip		Yes No		

This is where you will upload a photo of your proof of active health insurance



[Print blank forms](#)

[Print Summary](#) [Print All Records](#)

You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	Complete Approved until Jun 30, 2024
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form Physician's signature required		Turn it in		
To Do Immunization Form Important! View Approval Guidelines Physician's signature required		Turn it in		
To Do Over-The-Counter Medication Form		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form for Medication at school		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form for medications needed on overnight Field Trip		Yes No		

This is the form you will:

- **Print**
- **Take the form to a medical provider for an exam**
- **Have the medical provider fill it out, sign/stamp**
- **Download the form or a photo of the form**
- **Select "turn it in"**
- **Follow instructions to upload a copy into your child's account**





[Print blank forms](#)

[Print Summary](#) [Print All Records](#)

You have **8** requirement(s) in your to do list.






Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	Complete Approved until Jun 30, 2024
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>Physician's signature required</i>		Turn it in		
To Do Immunization Form Important! View Approval Guidelines <i>Physician's signature required</i>		Turn it in		
To Do Over-The-Counter Medication Form		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form for Medication at school		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form for medications needed on overnight Field Trip		Yes No		

This is the section you will:

- **Print the immunization form**
- **New students complete the full form**
- **Returning students only provide updates**
- **Have the medical provider sign/stamp the document**
- **If you do not have a medical provider sign/stamp you will need to submit proof of vaccination.**



You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete No Approval Required
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i>		Turn it in		
To Do Immunization Form		Turn it in		
To Do Over-The-Counter Medication Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form		Yes No		

In this section you will provide yes/no answers to give permission for the nurse to administer the over the counter medications we have in the health office.

You will provide a digital signature to the form by typing in your name .

You have **8** requirement(s) in your to do list.

Requirement	Blank Form	Action	Answer	Status
Conditional Questions		Edit	View Answer	✔ Complete No Approval Required
To Do Vital Health Record		Fill it out		
To Do Consent to Treat Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Insurance Card Upload		Turn it in		
To Do Physical Exam Form <i>This is a required form that must be completed and signed by a parent/guardian and physician.</i>		Turn it in		
To Do Immunization Form		Turn it in		
To Do Over-The-Counter Medication Form <i>This is a required form that must be completed and signed by a parent/guardian.</i>		Fill it out		
To Do Does this student take prescription medications during the school day? Authorization for Medication Form		Yes No		
To Do Will your child be taking medication on an overnight field trip? Field Trip Medication Authorization Form		Yes No		

In this section you will:

- Select yes/no on this page if your child needs to take prescription medication during the school day or on overnight field trips.
- If you select “yes” you will need to print, fill out and sign the form
- You will submit a PDF or photo into your child’s account



Final notes

- You can go back to edit/change/update answers in Magnus Health
- Please make changes to demographic information (address, phone numbers etc.) in Powerschool
- You can print all of the information you have entered into Magnus Health
- Having the app will allow you to have access from anywhere Wifi or Data is available