



December 14, 2018

Mark Your Calendars

Monday, December 17th - **AR Checkered Flag** - All AR reading goals that were established by your grade level reading teacher are due by this date.

Tuesday, December 18th - **Last Day of School before Winter Break** - The last day is a full day of school.

Wednesday, December 19th to Wednesday, January 2nd - **Winter Break** - Enjoy your time off over this holiday season.

Thursday, January 3rd - **First Day of Third Quarter & Hawk Way Day**

Please visit our CGIS website at www.maryville-schools.org/cgis to find information regarding all our activities, clubs, school calendar, classroom information, and more.



Lost & Found

Any item that your student may have misplaced this nine weeks may be in our lost and found. Please check in Town Square to see if we have it. Any item that is left by the beginning of break will be donated to our local charities.

CGIS Hawk Gear for the Holidays

Looking for a last minute Christmas gift? The CGIS bookstore is stocked with new items and some of your old favorites that would be perfect for your Hawk or a teacher! We have t-shirts, tumblers, baseball t-shirts, long sleeve shirts and much more!



Grade Level Holiday Events

On Tuesday, December 18th, each grade level will celebrate the holidays in different ways. Please make sure you follow the appropriate instructions that your student's teacher has outlined for the celebration.

Medical Prescriptions

When your student needs to take prescription medicine during school hours, please follow the following procedures to ensure our student is able to receive their medicine. First, your prescribing doctor must complete the Medical Prescription Authorization form. Next, after the form is properly completed and given to CGIS, the medicine will need to be brought to the clinic by the parent not the student. If you have any questions, please contact the clinic at 982-6345. The form is at the end of Friday Flight Plan.



PRESCRIPTION MEDICATION AUTHORIZATION FORM

This form is to be completed and signed by the parent/guardian and the physician authorizing medication to be given to the student during school hours. This form must be completed for prescription medications and returned to the school before the medicine can be given. All medication must be in a current pharmacy-labeled container with the child's name on it. If any changes occur during the school year, a new form must be completed and returned to school. The first dose of medication should always be given at home in case of an adverse reaction.

Please use a separate form for each medicine. This form is good for one school year.

Parent Permission Section (to be completed by parent/guardian)

Student _____ DOB _____ Gender _____

Teacher _____ Grade _____ School _____

Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

____ My child is capable of and has been instructed in the proper method of self-administration of this medication. I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate the medication and will call me immediately.

____ My child requires assistance in the administration of this medication.

____ My child is capable of and has been instructed in the proper method of self-administration of his/her diabetic or asthma medication. I understand that my child shall be permitted to carry at all times his/her medication, as long as he/she does not endanger him/herself or other persons and will not misuse the medication.

I understand that the Department of Education, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child, shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child, and I understand that this authorization shall be effective for this current school year and must be renewed annually.

We are required by law to maintain the privacy of your medical records. This privacy practice is adopted to ensure that the staff at Maryville City Schools protects your privacy. We consider it our duty to prevent unlawful disclosure of your medical records. Except as otherwise permitted or required by law, we will not use or disclose your health records without your written authorization.

Parent/Guardian Signature _____ Date _____

Provider Authorization Section (to be completed by provider)

Diagnosis for which the medication is needed: _____

Medication (one per form) _____ Dose _____

Route _____ Frequency _____ Allergies _____

If given as needed, describe/list indicators: _____

Possible side effects _____

Physician's Signature _____ Date _____

Coulter Grove Intermediate School Intramural Program Information 2019

We are excited for the second half of our Intramural Sports/Activities program which will take place at CGIS after school. This is a great opportunity for students to be active in a variety of different activities. Students may sign up for any activities they wish. Students should be prepared with athletic shoes and dressed for the weather conditions (as our activities and games may take place outdoors). If weather does not permit us to be outdoors, we will have alternate indoor activities available. Outstanding sportsmanship is expected and required—it is the HAWK WAY!

Mondays and Wednesdays – 6th and 7th Grades 2:45 p.m. – 3:45 p.m.

Tuesdays and Thursdays – 4th and 5th Grades 2:45 p.m. – 3:45 p.m.

Fridays (when applicable) – All grades 2:45 p.m. – 3:45 p.m.

Important Note: In order for us to ensure proper supervision, students who are not picked up by 4 p.m. will be taken to Adventure Club (which is located in the back of the school).

Tentative Schedule and Activities for the second half of the school year:

Please note that there will be NO Intramurals on Fridays beginning in February!

<i>Jan 3-4</i>	<i>Misc. Active Games (Kickball, Castleball, Gaga)</i>
<i>Jan 7-11; Jan 14-18</i>	<i>Volleyball</i>
<i>Jan 22-25; Jan 28-31</i>	<i>Pickleball</i>
<i>Feb 4-7; Feb 11-14</i>	<i>Basketball</i>
<i>Feb 19-21; Feb 25-28</i>	<i>Ultimate Football/Bacon/Frisbee</i>
<i>Mar 4-6</i>	<i>Kickball/Wiffle Ball</i>

***If you have already turned in a permission form, you do not need to sign and return!**

If your child is interested in participating in any of these activities, please return this portion to Coach Dunkel or Coach Tallent. Once this permission form is returned, students may sign up for activities on the clipboard in the gym.

Student name	Grade	Parent/Guardian Signature
I give permission for my child to participate in the Intramural program at CGIS. I will pick up my child promptly at 3:45 p.m. (After 4 p.m., students will be taken to Adventure Club for pick-up.)		
Emergency contact numbers	E-mail address	

Please list any medical/health information (if applicable): _____