



**December 18, 2018**

### **Mark Your Calendars**

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

**Thursday, January 3<sup>rd</sup> - First Day of Third Quarter & Hawk Way Day**

**Friday, January 11<sup>th</sup> - Grade Cards Go Home**

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

### **CGIS Office Hours for 12/18/18**

The CGIS Office will have a modified schedule for Wednesday, December 17<sup>th</sup>. Our office hours will only be from 8:00 am - 9:30 am and 10:30 am - 12:00 pm.

### **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!

### **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.

# After School Art 2019



## Monster Pillow & Basic Hand Sewing 1 & 3\*

Thread a needle, tie a knot, sew on a button, and stitch a seam.

\*(NEW! Sewing 3. If you attended class 1 & 2 last year, you may come to help and sew for \$5.)

Tuesdays & Fridays January 15, 18 & 22, 25, 2:45PM – 4:00PM

\$30.00 includes snacks, supplies and a sewing kit

Class is limited to 12 students and will be filled on a first-come, first-served basis.

You will be contacted only if the class is full.

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Return this form and cash or check made out to CGIS to the office or art room.

Name \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Known allergies \_\_\_\_\_

\_\_\_\_\_ My student will be picked up promptly at 4 in front of CGIS.

\_\_\_\_\_ My student will go to Adventure Club after art.

\_\_\_\_\_ My student will walk home

The phone number I can be reached at during this event is \_\_\_\_\_

E-mail \_\_\_\_\_

Signed \_\_\_\_\_



## 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): \_\_\_\_\_