



The Halo Report



Saint Augustine Catholic School

1421 V Street NW, Washington, DC 20009

Theme 2018-2019:

"LET ALL OF YOU COME TOGETHER WITH ONE MIND AND ONE VOICE, GIVING PRAISE AND GLORY TO GOD, THE FATHER OF OUR LORD JESUS CHRIST" -ROMANS 15: 6

Greetings Parents/Guardians and Teachers!

Thanksgiving is a time for gratefulness and appreciation! It is a wonderful time to be around our loved ones, and share the holiday spirit! If you are traveling over the break, we pray for safe travels! Also, all students were given holiday packages to complete over the Thanksgiving break. The due date for the packages is **Monday, November 26, 2017**. Parents, make sure you revisit with your teachers regarding homework, classwork, quizzes or any missing assignments.

Friendly Reminder Regarding Weather – Please remember we follow the District of Columbia Public Schools for delays and closures.

FOOD DRIVE

Thank you very much for your generosity and participation in the food drive. Our food drive concluded on November 19th. We were very successful because of your help, and our donations went to the "Little Sisters of The Poor" very were grateful to receive the food donations.

Half Day Thanksgiving Break Begins - November 21th

Early Dismissal 12:30 for Students; No Afterschool or Afterschool Activities

Please be prompt in picking up your child(ren) for we would all like to begin our holiday early. Classes resume on November 26th

Eighth Grade High School Placement – Wednesday November 28th

Eighth graders will take their High School Placement Tests. Please be prepared for this big day.

World's Finest Chocolate Candy Drive - This year's Chocolate Candy Drive is going strong, so please keep supporting our school. See Mr. Wilkins for all candy related matters.



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11/21 Thanksgiving Break Begins
Half Day
No Afterschool or Afterschool Classes Resume
11/26

11/28 8th Grade High School Placement Tests

12/3 Home School Association Meeting
6:00 PM

12/3 Santa Shop Begins

12/7 Staff Development Meeting
Half Day
No Afterschool or Afterschool

12/12 Second Quarter Progress Reports

12/13 - 12/15 Annual Toy Distribution
Cafeteria Closed

12/18 Pictures with Santa

TURN PAGE



Christmas Show December 20th

It is almost time for the Christmas Show, which takes place on December 20, 2018 at 6:00pm. All male student will be required to wear white shirts, black pants and black shoes with red ties. Female students will wear white shirts with black skirt/pants and red accents(sweaters/scarfs).

FRIENDLY REMINDER: Health Forms / Emergency Contact form:

As the year continues and the weather turns colder it is incredibly important that we have an emergency contact in case of changing weather conditions. Attached is the Emergency Procedure Forms, which tells the staff what your wishes are regarding your child in case of an emergency. In addition, new parents, please make sure that your child(ren)'s allergy information is up to date.

Uniforms:

Girls are authorized to wear pants beginning December 3rd. See the Parent Student Handbook pg. 50. We encourage the girls to wear tights in colder weather.

Ties – We have been very supportive in loaning out ties to our students, however we have depleted our supply. Therefore, please make sure your child is in complete uniform.

Virtus Training:

Were you unable to chaperone on this field trip? Please visit the following website:

https://virtusonline.org/virtus/reg_list.cfm?theme=0 to locate a training class that fits your schedule. Upon completion contact Mrs. Judon at (202)265-1470.

UPDATE FROM AFTERCARE :

Basketball Has Begun: Please come out and support our SAS Boys and Girls Basketballs Teams this Thanksgiving weekend (Friday, Saturday, and Sunday) as they participate in the annual Turkey Shootout Basketball Tournament at St. Jerome's Catholic School and DeMatha Catholic High School. (See attached for details).

The Drama Club will meet on November 28th: 3:30-6:00pm

We hope that you find this information helpful in this week's Halo report. Each week on Wednesday, you will find a new Halo report in the student's backpack , in the main office and emailed to each parent and staff. If you have any questions or concerns, please contact the main office.

Let's continue to stay positive, and encourage our Saints to have a successful school year!

Sincerely,
Sister Gloria Agumagu, HHCJ



STUDENT MEDICATION AUTHORIZATION

FORM 8

ARCHDIOCESE OF WASHINGTON – Catholic Schools

NOTE: THIS RELEASE AND INDEMNIFICATION AGREEMENT IS NOT AN AUTHORIZATION FOR AN EPI-PEN OR INHALER

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: _____ Sex: Male Female Birth Date: _____
Print Student's Name mm/dd/yyyy

School's Name: _____ School Year: _____

Allergies: _____

Medication: Renewal NEW If new, the first full dose must be given at home to assure that the student does not have a negative reaction.

First dose was given: Date _____ Time _____

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the Archdiocese of Washington Catholic Schools Policies and district or state guidelines.

2. Schools do NOT provide medications for student use.

3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.

4. Medication Authorization forms are required for each Prescription and Over-The-Counter (OTC) medication administered in school.

5. All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.

6. The parent or guardian must transport medications to and from school.

7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.

8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.

9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.

- Student name
- Date of Birth
- Diagnosis
- Signs or symptoms
- Name of medication to be given in school
- Exact dosage to be taken in school
- Route of medication
- Time and frequency to give medications, as well as exact time interval for additional dosages
- Sequence in which two or more medications are to be administered
- Common side effects
- Duration of medication order or effective start and end dates
- LHCP's name, signature and telephone number
- Date of order

10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.

11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and it's expiration date clearly visible. Parents/guardians must label the original container of the OTC with:

- Name of student
- Exact dosage to be taken in school
- Frequency or time interval dosage is to be administered

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PART I: TO BE COMPLETED BY PARENT/GUARDIAN (CONTINUED)

- 12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
- 13. Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
- 14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

I hereby request designated St. Augustine Catholic School, personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the Archdiocese of Washington, the parish, school, personnel, employees, or agents from lawsuits, claim expense, demand or action, etc., against them for helping my child use this medication. I have read the procedures outlined above and assume responsibility as required.

Name of Parent/Guardian: _____ Home Phone: () - _____
Signature of Parent/Guardian: _____ Date _____

PART II: TO BE COMPLETED BY PARENT/GUARDIAN FOR OCCASIONAL OVER-THE-COUNTER (OTC) MEDICATION.

NOTE: LICENSED HEALTHCARE PROVIDER (LHCP) MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS AND OTC'S ADMINISTERED FOR FOUR (4) OR MORE DAYS).

St. Augustine Catholic School discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined above. Information should be written in lay language with no abbreviations.

Diagnosis: _____ Signs/Symptoms: _____

Medication: _____ Route: _____

Dosage to be given at school: _____ Times/Intervals: _____

Effective Date: Start _____ End _____
If student is taking more than one medication at school, list sequence in which medications are to be taken: _____

Name of Licensed Healthcare Provider: _____ Phone: () - _____

Signature of LHCP: _____ Date _____

Name of Parent/Guardian: _____ Phone: () - _____

Signature of Parent/Guardian: _____ Date: _____

PART III: TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check as appropriate:

Parts I and II above are completed including signatures. (It is acceptable if Part II is written on the LHCP stationery or a prescription pad).

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent
(Within one week after expiration or on the last day of school)

Signature of Principal/Nurse: _____ Date _____

EMERGENCY PROCEDURE SLIP

Saint Augustine Catholic School
1421 V Street, Northwest
Washington, DC 20009
(202)667-2608/ Fax (202)667-2610
Web: www.saintaugustine-dc.org

Must complete this form in its entirety!
2018-2019
PLEASE RETURN FORM TOMORROW!

Student's Name: _____ Grade: _____
Last name First Middle Initial

Student's Social Security Number _____ - _____ - _____ Student's Date of Birth: ____/____/____ Place of Birth _____

Student's Street Address: _____ Home Phone Number: (____) _____
City, State Zip Code

Catholic _____ Parish _____ Non-Catholic _____ Religion _____

Does your child have significant allergies or health conditions that may require emergency medical care at school or aftercare
 NONE YES, please detail: _____

Father's Name _____ Home Phone: (____) _____
Home Address _____ Work Phone: (____) _____
Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no]

Occupation _____ Business Address _____ Cell Number (____) _____

Mother's Name _____ Home Phone: (____) _____
Home Address _____ Work Phone: (____) _____
Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no] Pager Number: (____) _____
Occupation _____ Business Address _____ Cell Number (____) _____

Guardian's Name _____ Home Phone: (____) _____
(If not living with parent)
Home Address _____ Work Phone: (____) _____
Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no] Pager Number: (____) _____

Please list Brothers & Sisters in this school (Grade, Date of Birth)

AFTERNOON DISMISSAL:
Where and how will your child report after school?

HOME
 CAR WALK VAN PICK UP
 PUBLIC TRANSPORTATION
 OTHER _____
Extended Care: Dismiss on their own? Y/N _____
Who will pick-up your child? _____

If Parents cannot be reached in case of emergency please call:

Name _____ Relationship _____ Home Phone (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____
OR
Name _____ Relationship _____ Home Phone: (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____
OR
Name _____ Relationship _____ Home Phone: (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____
DOCTOR _____ Phone (____) _____
Address _____

Parent's/Guardian's Signature

Date

For The Halo 11/20/18:

BASKETBALL HAS BEGUN!! LET'S GO SAINTS!!!!

Please come out and support our SAS Boys and Girls Basketballs Teams this Thanksgiving weekend (Friday, Saturday, and Sunday) as they participate in the annual Turkey Shootout Basketball Tournament at St. Jerome's Catholic School and DeMatha Catholic High School.

St. Jerome's Catholic Church (directly across from the school gymnasium)

5205 43rd Ave

Hyattsville, MD 20781

DeMatha Catholic High School

4318 Madison St.

Hyattsville, MD 20781

St. Jerome's and DeMatha are literally walking distance a part, so there should not be any issue moving from gymnasium to the next.

Regrettably, however; the game schedules have not as yet been finalized due to some untimely and unforeseen last minute withdrawals from other teams. Mr. McCoy, our Athletic Director, will be updating the coaches, players, and parents as he receives updates from the tournament commissioner.

You can contact Mr. McCoy if there's any further questions via email at kip.mccoy@yahoo.com or (202) 503-8299.

LET'S GO SAINTS!!!