

UNION CHRISTIAN ACADEMY
STUDENT MEDICATION FORM 2017-2018

(TO BE UPDATED EACH YEAR)

The office staff of Union Christian Academy has my permission to administer the medications indicated below to _____ as needed for temporary relief of appropriate symptoms.

Please circle **YES** or **NO** for each medication.

YES NO Acetaminophen (Tylenol)

YES NO Ibuprofen (Advil)

YES NO Benadryl liquid or 25 mg. Tablet

YES NO Antacid – Pepto-Bismol (Aspirin Free)

YES NO Cold & Sinus (over the counter)

YES NO Other _____

When your child has a prescription medication that must be administered during school hours, please make sure it is in a bottle marked with the child's name and directions on when and how much to administer.

You may provide your child with any of the above mentioned over the counter medications by putting your child's name on bottle and turning in to the office.

ALL MEDICATIONS MUST BE TURNED IN TO THE OFFICE!!

Date

Parent/Guardian Signature

2016-2017 UNION CHRISTIAN ACADEMY CALENDAR

August 8-10 (Monday-Wednesday)	Teacher In-Service
August 9 (Tuesday)	Parent Orientation in PAC K-6th @ 5:30; 7th-12th @ 7:30
August 11-12 (Thursday-Friday)	1/2 Day of School all students
August 15 (Monday)	Full Day for all students
September 5 (Monday) Labor Day	Holiday
September 7 (Wednesday)	Progress Reports
September 10 (Saturday)	ACT Test
September 19 (Monday)	1/2 Day of School
October 7 (Friday)	End of 1st 9 weeks
October 10-11 (Monday-Tuesday) Fall Break	Holiday
October 12 (Wednesday)	Report Cards
October 13 (Thursday)	Open School Board Meeting
October 17-18 (Monday-Tuesday)	Parent Conferences
October 22 (Saturday)	ACT Test
November 8 (Tuesday) Election Day	Holiday
November 9 (Wednesday)	Progress Reports
November 11 (Friday)	Veterans Day Celebration
November 21-25 (Monday-Friday)	Thanksgiving
December 9 (Friday)	Holiday
December 10 (Saturday)	ACT Test
December 21 (Wednesday)	1/2 Day of School; End of 2nd 9 weeks
December 22-January 4 (Thursday-Wednesday)	Christmas/New Year
January 5 (Thursday)	School Resumes
January 6 (Friday)	Report Cards
January 16 (Monday) Martin Luther King, Jr. Day	Holiday
February 1 (Wednesday)	Progress Reports
February 11 (Saturday)	ACT Test
February 17 (Friday)	1/2 Day of School
February 20 (Monday) President's Day	Holiday
March 10 (Friday)	End of 3rd 9 weeks
March 13-14 (Monday-Tuesday)	Parent Conferences/ Report Cards
March 20 (Monday)	Open School Board Meeting
March 27-31 (Monday-Friday)	Spring Break
April 8 (Saturday)	ACT Test
April 14-17 (Friday-Monday)	Easter
April 19 (Wednesday)	Progress Reports
April 26-27 (Wednesday-Thursday)	Senior Finals
April 28 (Friday)	Senior Walk-Thru
May 6 (Saturday)	Graduation
May 8 (Monday)	Ring Ceremony
May 12 (Friday)	K's Graduation
May 22-24 (Monday-Wednesday)	High School Finals
May 24 (Wednesday)	1st-6th Awards Day
May 24 (Wednesday)	Student's Last Day (1/2 Day)
May 25 (Thursday)	Teacher's Last Day

LIBRARY RULES FOR 2017-2018

1. ONLY 2 BOOKS CHECKED OUT AT ONE TIME.
2. AFTER 2 WEEKS A FINE WILL BE INSTILLED. (50¢ PER WEEK OR 10¢ PER DAY) YOU **CAN NOT** CHECK OUT ANOTHER BOOK UNTIL FINE IS PAID.
3. ANY BOOK THAT IS CHECKED OUT IN YOUR NAME IS **YOUR** RESPONSIBILITY. DON'T LET ANYONE BORROW YOUR BOOK. IF THEY LOOSE IT, YOU ARE STILL RESPONSIBLE FOR IT.
4. CHECK OUT BOOKS ON YOUR LEVEL.
5. 4TH – 12TH GRADES CAN NOT TAKE TESTS ON EASY CHILDREN'S BOOKS UNLESS YOU ARE ½ POINT AWAY FROM YOUR GOAL. YOU **MUST OK IT** WITH MRS. PHILLIPS.
6. IF YOU DID NOT RETURN BOOKS FROM PREVIOUS YEARS, YOU MAY NOT CHECK OUT BOOKS UNTIL THEY ARE RETURNED OR PAID FOR.
7. AR TESTS **MUST** BE TAKEN AT SCHOOL.

PLEASE SIGN AND RETURN THE BOTTOM PORTION **BEFORE** YOUR CHILD CAN CHECK OUT LIBRARY BOOKS.

WE UNDERSTAND THE RULES OF THE LIBRARY.

CHILD(REN)'S NAME(S) _____

PARENT'S OR GUARDIAN'S SIGNATURE _____

THANK YOU,

MRS. DIONA PHILLIPS, LIBRARIAN

Dear Parents,

In order to maintain compliance with the U.S. Department of Agriculture, Union Christian Academy is required to maintain an Integrated Pest Management Plan (IMP). As a part of this plan we must keep a log of any student that has a hypersensitivity to any pesticide. If you child has a hypersensitivity to any pesticide, herbicide, or any other chemical please fill out the form below, list any **specific** pesticides, herbicides, or chemicals and return to the school.

Bill Ritz,
Administator 

Child's Name: _____

Is hypersensitive to: _____

