



Magothy River Middle School's Parent Weekly Update



MRMS SPOTLIGHT

**Reese Antaran and Brady Dement
organizing their binders in Ms.
Watson's advisory.**



Dear Families,

Monday, November 11th is the beginning of the 2nd MP. Every student begins with a new opportunity to succeed. Please encourage your student to reflect and identify what they did well and what they need to improve upon. Also, students will be picking their new cafeteria seats on Monday. Lastly, we would like to say Happy Veteran's Day to all our men and women who have served. We appreciate you!

American Education Week: Nov 18-22

Please join us for a day filled with learning and fun. If the dates below do not work for your schedule, please call the school and we will look to accommodate your request.

6th grade: Mon, Nov 18

7th grade: Tues, Nov 19

8th grade: Wed, Nov 20

SGA -Informational Meeting: Nov 12 @ 4:05 in the café with Mrs. Herbert.

Handbook Update:

Please remind your student the importance of arriving to class on time. Some students are up to their 3rd warning which means an after-school detention. Lastly, since our building is equipped with heat, there is no need for students to wear a hoody on their head.

Principal's Honor Roll Breakfast will be rescheduled due to the grading issues county-wide. We will reprint a new flyer with new dates soon. Report cards will be distributed November 22, 2019.

Fall Giving Campaign

Please visit the link below and donate toward our Chromebook initiative <https://osp.osmsinc.com/annearundel/>.

Sincerely,
Dr. Williams

Week of 11/11 - 11/15

Mon - 11/11 Homeroom:	B – Day Monday Rally
Tues - 11/12 Homeroom:	A – Day DEAR
Wed - 11/13 Homeroom:	B – Day Study Hall
Thurs - 11/14 Advisory Lesson:	A – Day Mindfulness #1
Fri - 11/15 Advisory Lesson:	B – Day Recycling Lesson

CLASSROOM HIGHLIGHTS



Students cooperatively analyzed, discussed and drew conclusions regarding the main characters of their chosen novels through character body mapping--"making a pint-sized character map to trace the journey of the character through the text" (AVID). Once completed, students will role-play their main character and pretend to attend a dinner party where he/she will meet-and-greet characters from the other novels in the class.

Champion's Team Student of the Month

SEPTEMBER 2019

- Jennifer Gomez-Gallardo
- Julianna Wasiuta
- Connor Schlude
- Ella Sherman



OCTOBER 2019

- Connor O'Grady
- Dori Thierry
- Nolan Applegate
- Brian Farrell

MAGOTHY RIVER SCIENCE FAIR

Do you want to compete for one of 15 spots at the AACPS Science and Engineering Fair? Please pick up a registration form and the International Rules for Pre-College Science Research Booklet.

Registration forms are due
Wednesday, November 20, 2019



November 4, 2019

Dear MRMS engineers,

This year, Magothy River Middle School will be among several schools in Anne Arundel County to participate in the SeaPerch program. SeaPerch is a naval engineering initiative for students to study and work with remotely operated vehicles (ROV) that have real practical applications. The SeaPerch program was created by MIT and funded by the Office of Naval Research. Students will work in groups, build a ROV, test it, and deploy it at a regional competition on Saturday, April 4, 2020 at the United States Naval Academy in Annapolis. Transportation is provided. The program teaches teamwork, time management, and principles of marine engineering and technology such as buoyancy, propulsion, engineering, electricity, waterproofing, and tool safety.

Since participation in the club is limited to 15 students, students are asked to complete an interest survey and application which is due November 15, 2019. The selection criteria will be based upon consideration of students who have interests in math and science, can work successfully in a team setting, and can demonstrate responsibility and safety with tools and equipment. At least 2-3 parents will be needed to assist at each session.

Students will be notified by November 22, 2019, if they were selected.

The school club will be meeting after school on Tuesdays from 4:00-4:55pm from November through the competition in April in Ms. McCallister's room. We may have additional Thursday meetings as needed. Please note that the students' attendance is necessary in order for their SeaPerches to be ready.

Sincerely,

Ms. McCallister





Date Received: _____

**Please write neatly and in complete sentences. All of this will be taken into consideration when choosing members of the club.

Application must be received by November 15, 2019.

SeaPerch Application

Student's Name _____

I, _____, understand that if I am selected and start the program, I must participate each and every week with the exception of illness or emergencies. I also understand that I will be working with others and that being a good teammate is essential to this program. I understand that I will be working with building equipment and therefore following directions is absolutely necessary. I understand that I must exhibit responsible behavior at all times. I must follow safety procedures at all times.

Signature of Applicant: _____

**Parents, please read and sign below:

I understand that if my child is selected, he/she will ride the activity bus home on "SeaPerch Tuesday" at 4:55pm. If additional sessions are needed before or after school, I will provide transportation. My child is also expected to participate in the regional competition that is held on Saturday, April 4, 2020.

Signature of Parent: _____

Home Phone: _____ Cell Phone: _____

Email: _____

_____ Yes, I would love to volunteer.

_____ I have tools that can be borrowed. (drill, wire strippers, soldering iron)

_____ I can chaperone on competition on Saturday, April 4th



Student's Name: _____

Science Teacher: _____ Advisory Teacher: _____

Please list your interest and hobbies

What skills or talents do you possess that would help you in participating with the Sea Perch Club?

If you are selected, how do you think participating in this club will help you in the future?



Sea Perch: Underwater Robotics Challenge

Magothy River Middle School is glad to offer Sea Perch to their list of clubs. Sea Perch will meet on Tuesday's after school and 2nd or 4th Thursdays of the month as needed. It will require a commitment of one Saturday (April 4th, 2020).

Sea Perch volunteers are needed!!!

_____ Yes, I _____ would like to volunteer for the Sea Perch program. Please contact me by phone _____
Or email _____

_____ No, I do not have time, but I know someone who does _____
Email _____
Phone number _____



November 11-15, 2019

Monday

Popcorn Chicken w/Pretzel Rod...Chicken Tenders w/Corn Chips
Steak and Cheese Sub
Pizza Sticks
Garden Salad w/Chocolate Bread
Yogurt Parfait w/Granola
Hummus & Sunflower Seeds

Tuesday

Teriyaki Chicken w/Rice
Hot Dog
Garlic French Bread Pizza
Chicken Tender Salad w/Pumpkin Bread
Yogurt Parfait w/UBR
SunButter & Cheese Combo

Wednesday

Crispy Chicken Sandwich
Italian Sausage Pasta Bake w/Garlic Bread Stick
Pizza
Taco Salad w/Corn Chips
Yogurt Parfait w/Granola
Hummus & Sunflower Seeds

Thursday

Taco w/Corn Chips
Chicken Quesadilla
Fiesta Pizza
Garden Salad w/Cinnamon Bread
Yogurt Parfait w/UBR
SunButter & Cheese Combo

Friday

Stuffed Crust Pizza
Fish Sandwich
Manager's Choice
Salmon Salad w/Zucchini Bread
Yogurt Parfait w/Granola
Hummus & Sunflower Seeds



Health Room News & Information

Magothy River Middle School Health Room

Jane Lefavor, RN School Nurse
Kim Biggs, CNA Health Assistant
410-431-8873 (Health Room)
410-544-0926 (Main Office)

Important Information for 6th Grade Parents

Dear Parents and Guardians,

As you may know, there is a new state requirement regarding the documentation of two additional immunizations for all students entering 7th grade each year. Before your student can enter 7th grade in September, you must provide written proof that he/she has received a **Tdap** (tetanus/pertussis booster) and a **Meningococcal** (MCV4) vaccine.

- These immunizations are not "new", but the documentation requirement for school entry is new.
- These immunizations are typically given at the 11 year old well-child evaluation. If your child has already had an 11 year old well-child appointment, these immunizations may have already been given.
- If your child has not had a well check-up, contact your health care provider as soon as possible to set up an appointment for these immunizations

Please contact your pediatrician to request a copy of your child's immunization record.

Copies can be sent to MRMS:

By Fax: 410-544-1867 (please call to verify receipt)

By Email: nurse2243@aacps.org

By Mail: MRMS

Attn Health Room
241 Peninsula Farm Road
Arnold, MD 21012

In Person: to the MRMS Health Room or Main Office

Students will be excluded from school entry in September if the school has not received required documentation of these immunizations.

Please contact the MRMS Health Room with any questions.

Jane Lefavor, RN School Nurse
410-431-8873 (Health Room)
410-544-0926 (Main Office)



NEWS FROM THE HEALTH ROOM

Please consider protecting your family members with a flu vaccine for the upcoming flu season! The attached guidelines review symptoms indicating when to keep your child home from school. Please notify the Health Room regarding any recent or chronic health issues for your child, including food allergy or asthma, or any injury requiring a cast, splint, or crutches.

All medications require a completed school medication form completed by **both** the parent and a physician. All medication must be brought to the Health Room by an adult. **Do not send any medication to school with your child.** A physician's self-carry order **and** Health Room approval are required before a student may self-carry emergency medication in school.

Vision and Hearing screening will be held at MRMS on February 21st, 2020 for all 8th grade students and students new to Anne Arundel County. If you have concerns about your child's vision or hearing, please contact the Health Room directly at 410-431-8873.

Parents of 6th grade students: Plan ahead now to obtain required Tdap booster (tetanus/ pertussis) and meningitis (MCV4) immunizations for your child. Proof of these vaccinations **must** be submitted in order for your student to enter 7th grade. Please send documentation to the Health Room as soon as these vaccinations are obtained.

Thank you!

Jane Lefavor, RN and Kim Biggs, Health Assistant

ANNE ARUNDEL COUNTY
SCHOOL HEALTH SERVICES PROGRAM

PARENT'S REQUEST TO ADMINISTER MEDICATION AT SCHOOL

FOR COMPLETION BY PARENT/GUARDIAN

Name of Student: _____ D.O.B: ____/____/____
(LAST) (FIRST) (MI)

Name of School: _____ Grade: _____ School Year: _____

In order for my child to receive medication in school, I agree to the following:

- All prescription and non-prescription medication will have a physician's signed order **fully** completed for each school year.
- The prescription medication will be in a container labeled by the pharmacist or physician with:
 - *Name of child* *Name of the medication.* *Dosage, route and time of administration.*
 - *Name of physician.* *Prescription date and expiration date.* *Conditions for proper storage.*
- The non-prescription medication will be in the original sealed container with the label intact. Student's name will be put on the container in a position that does not obscure the label.
- The medication will be brought to school by an adult.
- The physician will be called if a question arises about my child's medication.
- The first dose of this medication (except for epinephrine auto-injector) has been given without problems.

Having read the above conditions, I request Anne Arundel County School Health Services personnel administer the medication as prescribed by the physician below. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

 **Signature of Parent/Guardian:** _____ **Date:** _____

Relationship to student _____

Phone Number: (H) _____ (W) _____ Other _____

Address: _____

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT SCHOOL
ONE MEDICATION PER FORM

Diagnosis: _____

Name of Medication: _____

Dosage: _____ (mg, ml, ml/tsp, # of puffs)

Route: _____ Time of Administration at School: _____ Lunchtime

If PRN, for what symptoms? _____ How Often? _____

Please list any specific precautions personnel should be aware of or any unusual effects that might be observed.

Student medication allergies: None Known _____

Services from the beginning to the end of school year **OR**
Services should begin (Date) _____ and terminate (Date) _____

FOR INHALER, EPINEPHRINE AUTO-INJECTOR, AND INSULIN ONLY:

_____ It has been determined that this student is able to self-administer and carry inhalant medication or epinephrine auto-injector and has been trained in its use, including knowing when the medication is to be used.

_____ It has been determined that this student is able to self-administer insulin.

_____ This student should not self-administer inhalant medication, insulin, or epinephrine auto-injector.

 **Physician's Signature:** _____ **Date:** _____

Original signature/NO stamps

Physician's Name (Printed): _____

Address: _____

Telephone Number: _____

Order and MAR Reviewed _____ R.N. Date _____



Healthy Habits = Healthy Children

Healthy habits that decrease the spread of germs and help keep children and families well:

- 1. Handwashing** is one of the best ways to keep from getting sick
 - Wet hands with running water.
 - Add soap & rub hands together for 20 seconds.
 - Rinse.
 - Dry hands with clean paper towel.
 - If soap & water aren't available, use an alcohol based hand sanitizer.
- 2. Cover that sneeze and cough** - Coughing and sneezing spread germs. Cover your nose and mouth with a tissue or the inside of your elbow to prevent spreading germs to your hands.
- 3. Get Moving** - Exercise helps the body fight off simple illnesses. Include active play in your child's schedule.
- 4. Sleep** - Getting the right amount of sleep will help fight off colds and infections.
- 5. Healthy Eating** - Good nutrition is vital for good health. Provide a variety of foods, including plenty of vegetables, fruits and whole grains at meal and snack times.
- 6. Keep your Child Home when Sick** - Children should stay home until they feel better



When Do I Keep My Child Home From School?

(Although no comprehensive list is possible, the following conditions may be appropriate reasons to keep a student home from school)

- | | |
|---|--------------------------------|
| Temperature 100° or greater | Suspected fracture |
| Vomiting, diarrhea | Severe pain |
| Shortness of breath, wheezing | Undiagnosed rash |
| Abdominal pain | Productive cough and fever |
| Red, draining eyes | Suspected communicable disease |
| Chest pain | Head injury |
| Earache | Adverse medication effect |
| Nuisance condition not currently treated e.g., ringworm, scabies, head lice | |

**Anne Arundel County Department of Health
School Health Services**