



**Northeastern School District  
300 High Street, Manchester, PA 17345**

Dear Parent/Guardian:

Your child will be attending Northeastern's Mini-THON on Friday, May 13th beginning at 6PM and ending Saturday morning, May 14th, at 6AM. In order for your child to attend Mini-THON, he or she must donate \$40. This fee remains constant until 2:35 PM on May 12th upon which it will be increased to \$50. Participants are also encouraged to raise money from family and friends to donate more to Four Diamonds. A sponsor sheet is attached to this form for use in recording such donations.

**PLEASE NOTE FOR CHECKS:** Checks should be made payable to *Northeastern High School* with Mini-Thon in the memo line.

Parental or guardian permission is needed in order for your child to attend. Additionally, in the event of an emergency, the school may need to administer medical care. Therefore, you are also asked to sign the medical release form.

By signing this form, you are doing the following:

1. Acknowledging your awareness of the event.
2. Permitting a chaperone to make decisions concerning any immediate emergency medical treatment for your child, should such a need arise. (Without this written permission, it is unlikely that any hospital/physician would treat your child unless a parent or guardian were present to grant permission in person.)
3. Releasing Northeastern School District from any liability or responsibility for any incidents that occur during, in transit to, or in leaving the Northeastern Mini-THON event.
4. If Mini-THON were to be cancelled or if your child is unable to attend the event, there will be **NO refunds**. All funds received will be donated to Four Diamonds.

Please sign and return the attached information to either Mrs. D'Orazio or Mr. Zirkle. **NO** child will be permitted to attend without prior approval granted through this form. Thank you for your cooperation.

# **Medical Form**

**In order for us to provide appropriate medical care for your child, please complete this form on preexisting health issues and medications.**

## **Medical Conditions**

Chronic Medical Condition/Allergy	Treatment Required

## **Physician Prescribed Daily Medication at Home/School**

Name	Dose	Time	Medicine can be given at Mini-THON
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No

# NHS Mini-THON Permission & Emergency Contact Form

## Emergency Phone Numbers

Name	Relation	Home Phone	Cell Phone	Additional Methods of Communication

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to attend Northeastern High School's Mini-THON from 6PM on Friday, May 13, 2016 to 6AM on Saturday, May 14, 2016. In the event that my child should require immediate emergency medical treatment while at this event and I cannot be contacted, I give Northeastern Mini-THON chaperones permission to authorize any treatment necessary for my child's health.

Parent/ Guardian Signature:

\_\_\_\_\_ (Date)

Student Signature:

\_\_\_\_\_ (Date)

Address:

\_\_\_\_\_  
(Street) (City) (Zip)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**For NHS Mini-THON Use Only**

Date: \_\_\_\_\_

Cash  
Check # \_\_\_\_\_

Amount: \_\_\_\_\_

