

Northeastern School District
300 High Street, Manchester, PA 17345

Dear Parent/Guardian:

Your child will be attending Northeastern's Mini-THON from 6PM to 10PM on Friday, May 13, 2016. In order for your child to attend Mini-THON, he or she must pay \$20. This fee remains constant until 2:35 PM on May 12th upon which it will be increased to \$25. 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.

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 and 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.)
2. Releasing Northeastern School District from any liability or responsibility for any incidents that may occur during, in transit to, or in leaving the Northeastern Mini-THON event.

Please sign and return the attached information to Mr. Johnson's room in the middle school (209). **NO** child will be permitted to attend without prior approval granted through this form. Thank you for your cooperation.

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



Medical Form

In order for us to provide appropriate medical care for your child, please complete this form on any 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

Northeastern 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's Mini-THON from 6PM to 6AM on May
 13, 2015. 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 immediate emergency medical treatment necessary for my child's
 health and well-being.

Parent/ Guardian Signature:

_____ (Date)

Student Signature:

_____ (Date)

Address:

 (Street) (Zip) (City)

Home Phone Number: _____

Mother (Cell): _____

For NE Mini-THON Use Only	
Date:	_____
Cash Check #	_____
Amount:	_____

Father (Cell): _____