



BE A HERO.

DANCER FORMS

February 24th & 25th, 2017

mini  thon

— FOUR DIAMONDS —

Conquering Childhood Cancer

Registration and Fundraising Information

- ❖ Participants must pay a \$10 registration fee. This may be paid online while registering or by cash or check. If paid by check please make it payable to “**FOUR DIAMONDS**” and put “Mini-THON Registration” **AND** your name on the memo line. Registration fees must be turned into Lisa Teixeira in the library by **February 17th, 2017**. If paying by cash or check this must be done **PRIOR** to registering online.
- ❖ Students must also set a minimum fundraising goal of \$50 (this is in addition to the registration fee) in order to participate in Mini-THON. Those donations can be made via the KHS Donor Drive page, or by check made payable to **Four Diamonds**, please put your name on the memo line.
- ❖ Each participant must register through DonorDrive. The steps to do so are available on our website <http://khsminithon.org> by clicking the “Sign Up” button at the top of the page.
- ❖ All donation money is due to Lisa Teixeira before **February 23rd, 2017**.
- ❖ Online donations will be accepted through **March 31, 2017**.
- ❖ Dancers should hand in the commitment form, with parent and student signatures, to Lisa Teixeira in the library by **February 17th, 2017**.
- ❖ Dancers should hand in the publicity release form, with parent and student signatures, to Lisa Teixeira in the library by **February 17th 2017**.
- ❖ Dancers should hand in the Dancer Medical Information form, with parent and student signatures, to Lisa Teixeira, in the library by **February 17th, 2017**.
- ❖ All donors should be given a receipt, forms are available via Google.docs and in the library. Donors will receive a receipt from the Four Diamonds Fund at Penn State Hershey if they donate through Donor Drive.
- ❖ Registration and the \$10 registration fee must be completed and turned in by **February 10, 2017** to be guaranteed a t-shirt.

REMEMBER:

- ❖ Dancers must be willing to be on their feet from 10:00 p.m. February 24th until 6:00 a.m. on Feb. 25th, 2017.
- ❖ Please dress appropriately for Mini-THON. Comfortable and active clothing, socks, and sneakers should be worn. Many students also choose to wear decorative accessories.

Kennett High School

Mini-THON Dancer Commitment Form

Dancer Name: _____ Grade: _____

Parent/Guardian Name(s) _____

*If you have registered online you **DO NOT** need to fill out the following information*

Address: _____

Home Phone: _____

Cell-Phone: _____

Email: _____

Advisory Room: _____ T-Shirt Size: S M L XL XXL

Everyone must sign below.

Agreement:

I will be on my feet for the entire 8 hours of Kennett High School's Mini-THON Feb. 24th-25th, 2017 from 10:00 pm until 6:00 am. I know that I am representing myself, my class, and my school, and therefore I will act with dignity and respect in all aspects of the day/night.

Dancer Signature

I allow my son or daughter to participate in Kennett High School's Mini-THON on February 24th & 25th, 2017:

Parent/Guardian Signature

Your \$10 registration fee, publicity form and medical form must accompany this paperwork! Make checks payable to "Four Diamonds" (memo line should have Mini-THON + your name.) You may also pay in cash or online while registering.

**Please make sure you also register online by going to
www.khsminithon.org and clicking the "Sign Up" button.**

Kennett Consolidated School District

Publicity Release

Dear Parent/Guardian:

Photos, videotape footage and personal interviews with Kennett High School students who are involved in various school-related activities are often used as part of the district's community relations efforts (e.g. district publications, local television programs, newspapers, and on the school district's website).

By signing below you are granting permission to the School District to photograph or videotape the person named below. The photographs would be used in school-related publications, such as the district calendar, newsletter, district website and local media.

The Kennett Consolidated School District is sincere in its commitment to keep the public informed of the programs, activities, and events that are taken place in our schools. Without your permission, you child cannot be part of this endeavor. However, in situations in which large groups are participating, it is impossible not to photograph certain students. Therefore we cannot prevent the use of photos that unintentionally include your child.

_____ I DO consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

_____ I DO NOT consent to have a photograph, video or information that includes my child submitted in releases for publication and public distribution.

Student's Name (please print)

Date

School/Grade

Parent's Signature

Date

Kennett Consolidated School District
Field Trip/School-Sponsored Activity

Trip/Activity KHS MINITHON 2017 **Date** February 24-25, 2017

Student's Name _____ Grade /Teacher _____

Mother's Name _____ Father's Name _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Cellular _____ Cellular _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Phone (H) _____ (W) _____

Is your child allergic to bee stings? [] No [] Yes If yes, explain reaction and treatment

Is your child allergic to medication, food, or other substances? [] No [] Yes If yes, list allergies _____

Health concerns that require special attention (such as asthma, seizures, cardiac problem, diabetes)

Medication Required for Field Trip/School-Sponsored Activity

List only medication that *must* be given during the field trip/school-sponsored activity. Each prescription medication requires a written order from a licensed prescriber and the exact dose of medication must be supplied in a properly labeled, original container with only the amount of medication that will be needed (i.e. one pill). Non-prescription medication requires written parent consent. Per school district policy, students may carry *only* emergency medication such as inhalers, insulin, or epinephrine auto-injector insulin. All other medications will be carried by the nurse or responsible adult.

1. Medication _____ Dose _____

Time(s) to be given _____ Reason _____

2. Medication _____ Dose _____

Time(s) to be given _____ Reason _____

If school personnel are unable to contact you or any of the people listed above, they will make whatever arrangements seem necessary in an emergency – at no expense to the school district.

Medical insurance _____ Policy # _____

I have read the above information and give permission for my child to attend this field trip/school-sponsored activity. If my child requires medication, I authorize my child to self-administer this medication in accordance with Policy 210.

Signature of Parent/Guardian

Date

Kennett Consolidated School District
Permiso para Viaje Escolar
Viaje a KHS Mini-THON Fecha: Febrero 24-25, 2017

Nombre del Estudiante _____ Grado/Maestro(a) _____
Nombre de la Madre _____ Nombre del Padre _____
Teléfono (C) _____ (T) _____ Teléfono (C) _____ (T) _____
Teléfono Celular _____ Teléfono Celular _____

En caso de emergencia, favor de contactar a:

Nombre _____ Teléfono (C) _____ (T) _____

¿Tiene su hijo/a alergia a las abejas? [] No [] Sí Si tiene esta alergia, favor de explicar la reacción y el tratamiento _____

¿Tiene su hijo/a alergia a algún medicamento, alimento u otra sustancia? [] No [] Sí Si tiene, favor de explicar _____

Favor de informarnos sobre cualquier condición médica que requiera atención especial, por ejemplo, asma, problemas cardíacos, diabetes, epilepsia, enfermedades crónicas _____

Medicamentos Prescritos Requeridos para el Viaje Escolare (Field Trip)

Escriba sólo el medicamento con receta que debe administrarse durante el viaje. Todo medicamento debe ser recetado por el doctor, el padre o guardian deve enviar solamete la dosis necesaria para ese dia; (ejemplo: una pastilla, inhalador, epipen o insulina) estas deberan ser entregadas en el embase original. Los estudiantes deben tener permiso para llevar medicamentos tales como inhaladores, epipen o insulina. Todos los otros medicamentos enviados por los padres seran administrados por la enfermera o el padre/guardian durante la excursion.

1. Medicacion _____ Dosis _____

Hora en que debe ser administrada _____ Razon _____

2. Medicacion _____ Dosis _____

Hora en que debe ser administrada _____ Razon _____

Si el personal de la escuela no puede contactarle a usted o a otra persona que aparece en esta tarjeta. En caso de una emergencia se haran los arreglos necesarios, sin costo alguno para el distrito escolar.

Seguro Médico _____ Número de Identificación _____

He leído la informacion arriba indicada y doy permiso para que mi hijo(a) vaya en este viaje escolar (field trip.)

Firma de Padre/Guardián

Fecha