



**2016-2017 CENTRAL DAUPHIN HIGH SCHOOL MINI-THON
PARENT/GUARDIAN PERMISSION SLIP**

FEB. 25th – 6:00PM TO FEB 26th – 6:00AM – Doors open at 5:15PM

PARENTS: SIGN ONLY ONE OPTION BELOW!

◆ **OPTION 1: Staying ALL Night**

I, _____, (please print) grant permission for my son/daughter,
_____, (please print) to stay all night at the **Central Dauphin High School's Mini-Thon until 6:00AM on Sunday, February, 26th**. I understand at 11:00PM, the school will be locked down, and no student will be allowed to leave or enter the school premises until the Mini-Thon is over.

Parent/Guardian Signature _____ Date _____

◆ **OPTION 2: Staying Until 11PM**

I, _____, (please print) grant permission for my son/daughter,
_____, (please print) to participate in the **Central Dauphin High School's Mini-Thon until 11:00PM on Saturday, February 25th**. I understand at that time, the school will be locked down, and anyone without parental permission to stay overnight must leave the school premises.

Parent/Guardian Signature _____ Date _____

◆ **OPTION 3: Leaving Before 11PM**

My son/daughter will be attending the Mini-Thon until 11:00PM.

I, _____, (please print) grant permission for my son/daughter,
_____, (please print) to leave the **Central Dauphin High School's Mini-Thon prior to 11:00PM on Saturday, February 25th, if he/she so chooses**. I understand once he/she leaves, he/she **CANNOT** return to the Mini-Thon.

Parent/Guardian Signature _____ Date _____

Any student who is to receive medication must hand it in along with the Medication Form at the registration desk on the night of Mini-Thon.

Phone number where parent/guardian can be reached up to 11:00PM: _____

Phone number where parent/guardian can be reached after 11:00PM: _____

Student's Signature _____ **Date** _____