



**2017 CENTRAL DAUPHIN HS  
FOUR DIAMONDS MINI-THON  
Permission Form to Receive Medication**

I, \_\_\_\_\_, (please print) grant permission for my son/daughter, \_\_\_\_\_, (please print) to self-administer medication provided by parent/guardian during the Central Dauphin High School Mini-Thon, as directed below. The medication, **which is to be provided by the parent/guardian, in a labeled container**, will be stored and dispensed at the First Aid Station of the Central Dauphin Mini-Thon.

Type of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Type of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_