

Patton Mini THON Important reminders:

- ❖ Registration is via a google form available on the Patton Website, event flyers and posters and student emails.
- ❖ **All participants** must pay a \$25 registration fee and return parent permission form. The fee may be paid in cash or check (made out to UHS Activities). A Patton MiniTHON box for permission forms and fees will be in the main office. **Tshirts will be reserved first for those who are pre-paying and have all forms completed and turned in prior to 3pm on November 22.**
- ❖ Completed forms and payment may also be brought to the door at the event on November 23. Remaining shirts will be distributed on a first come first served basis.
- ❖ Dodgeball tournament is optional, and team registration is on the google form. There is no additional cost for dodgeball. The winning dodgeball team will receive a cash prize.
- ❖ Spikeball tournament is optional. Team registration will take place at the event. The winning spikeball team will receive a cash prize
- ❖ The registration fee covers the 4-hour event, a Patton MiniTHON t-shirt, entertainment, and food provided at the event.
- ❖ Pay an extra \$10 In order to be a “VIP” and enter the Inflatable Obstacle Course OR Puppy Room
- ❖ Pay an extra \$15 in order to be a “double VIP” and enter BOTH the Inflatable Obstacle Course AND Puppy Room
- ❖ Please dress appropriately for UThon. Sneakers and active clothing should be worn. Participants are also encouraged to wear neon/bright colors and their UThon t-shirt.
- ❖ We welcome any student to do additional fundraising on his/her own! Any donations should be brought to the event in an envelope labeled with the student’s name and total donation amount. Cash & checks acceptable, checks made payable to UHS activities. The Patton student with the highest donation total will win a prize, awarded at the end of the evening.

Patton Mini THON Parent Permission and Participant Agreement:

I will participate in the UThon event from 6pm to 10pm on Saturday, November 23rd. I know that I am representing myself, my class, and my school, therefore I will act with dignity and respect in all aspects of the event.

I am aware that I must arrive to UTHON no later than 6pm and will be required to stay throughout the duration of the event, unless an emergency arises.

Participant Signature: _____

Parent Signature: _____

THON Medical Authorization Form

Student Name _____ Parent's / Guardian's
Name _____

Please list phone numbers in order of calling priority and circle type of phone:

1. _____ cell home work
2. _____ cell home work
3. _____ cell home work

Insurance _____ Policy# _____

Family Doctor's name _____ Phone # _____

Health concerns, Physical limitations, and/or allergies _____

Medication(s) Required for Mini THON:

Prescription and nonprescription medication for field trips must be supplied by the parent/ guardian in the ORIGINAL CONTAINER and given to trip chaperone. To minimize the medications needed on trips, every effort should be made to administer medications before or after the event. Students may carry certain **emergency** medications. (ex. Epipen, inhalers, insulin) if physician's approval is on file with school.

Medication _____

Dose _____ Time to be given _____

Reason _____

Medical authorization:

I understand that every effort will be made to contact parent/ guardians in the event of an emergency. In an emergency requiring medical care treatment, I hereby authorize any physician, hospital, or other health care provider to give such care to this student. I also hereby give my permission for transport to/from a doctor and/ or hospital by chaperone or ambulance.

I do hereby release, discharge, and hold harmless Unionville-Chadds Ford School district, its agents and employees, from any liability and claim either we or our child may suffer as a result of these requests for medication and emergency treatment. **I am aware that non-medical chaperones may be supervising self-administration of the requested medication(s) to my child.**

The undersigned has read this Medication and Medical Authorization Consent Form and declares and affirms consent to the contents herein stated.

Guardian signature: _____ Date: _____