

Student Last Name _____ First Name _____



SENIOR ALL NIGHT PARTY CLASS OF 2023 MEDICAL/FIRST AID INFORMATION

Each student must have a completed and signed Medical/First Aid Form on file, to ensure first aid personnel can provide the best care of your daughter, in case of any injury on site or if your daughter needs medical assistance during the Senior All Night Party. First aid personnel will be on site for the entire duration of the event.

1. Does your daughter currently have, or has she had in the past, any medical conditions that the first aid personnel should know about (e.g., history of seizures, diabetes, fainting spells, bleeding disorders, heart issues, etc.)? Yes _____ No _____

If yes, list condition(s): _____

2. Does your daughter have any allergies (environmental, food, or medication)? Yes _____ No _____

If yes, please list all allergies: _____

3. Does your daughter need to use an EpiPen? Yes _____ No _____

4. Is your daughter currently on any prescription medication? Yes _____ No _____

If yes, please list all medications: _____

Will your daughter require any medications, prescription or over the counter, during the event?

Yes _____ No _____

If yes, complete the following:

Name of Medication	Dosage	When Next Dose Due	Staff Initials If Given

_____ (Initial) I authorize first aid personnel to administer any needed prescription medication and/or over-the-counter medication(s) necessary in the case of illness, injury, or accident, including, but not limited to, Tylenol (acetaminophen), ibuprofen, cough drops etc.

5. Does your daughter currently use an inhaler? Yes _____ No _____

Will your daughter need to use inhaler during the event? Yes _____ No _____

If yes, complete the following:

Name of Inhaler Medication	Dosage	When Needs to Take	Staff to Initial If Given

_____ (Initial) I authorize first aid personnel to allow my daughter to use her inhaler or to administer the inhaler, she brings with her.

All inhalers, EpiPens, or prescription medications must be in a clear plastic quart-size Ziploc bag, in its original bottle/packaging and clearly labeled with senior's name. Turn in to First aid Check-in station upon arrival.

Required Health Insurance Information:

Student's Health Insurance Provider: _____

Subscriber's Name: _____

Health Insurance Policy #: _____

Student's Physician: _____ Physician Phone: _____

Emergency Contacts for during the Event hours of 11pm on 6/4 to 5am on 6/5:

Contact Name	Relationship	Cell Phone Number

Parent/Legal Guardian Signature: _____ Date: _____

NOTE: Students will NOT be allowed to keep their phones on them during the Senior All Night Party. You will not be able to reach your daughter directly. In case of emergency, you can contact the SANP Chairs the night of the event: Leslie Ahmad at 248-961-4484 or Katy Jallad at 248-840-4558.

Seniors must turn in Consent Form and Medical/First Aid Form to the SANP box located at the school reception desk, no later than Friday, May 12, 2023

FIRST AID PERSONNEL ONLY (Please place in labeled bag and initial below)

EpiPen received at Check-In _____ (Initial)	Returned at Check-Out _____ (Initial)
Medication received at Check-In _____ (Initial)	Returned at Check-Out _____ (Initial)
Inhaler received at Check-in _____ (Initial)	Returned at Check-Out _____ (Initial)