

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Mercy High School - Class of 2024 Senior All-Night Party**  
**Parent and Student Consent Form (Required)**  
**June 2, 2024 10 p.m. – 5 a.m.**

I hereby consent to participation by my daughter, \_\_\_\_\_, whose date of birth is (MM/DD/YYYY) \_\_\_\_\_, in the Senior All-Night Party post-graduation celebration. This event will take place at Mercy High School, 29300 W Eleven Mile Rd, Farmington Hills, MI 48336, beginning at 10:00 PM on June 2nd. **Students must arrive by 11:00 PM (the doors open at 10:00 PM and are locked at 11:00 PM. NO STUDENT will be permitted to enter after that time.** The party will end the next day, June 3rd at 5:00 AM. **To ensure their safety, we STRONGLY encourage all students to get a ride to and from the party.**

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless Mercy High School and any and all affiliated organizations, its/their employees, agents, representatives and volunteers from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence arising from or relating to my child's participation in this event.

\_\_\_\_\_ (Initial) I authorize Mercy High School to obtain necessary medical treatment for my child in case of illness, injury or accident, including transport to the nearest emergency room accompanied by a SANP First Aid Parent.

\_\_\_\_\_ (Initial) I authorize Mercy High School to administer any needed over-the-counter medications necessary for my child in case of illness, injury or accident, including, but not limited to, cough drops, Tylenol (acetaminophen) Aleve (naproxen) and/or ibuprofen for headaches, coughs, etc.

\_\_\_\_\_ (Initial) I authorize my daughter to either drive herself home, drive home with another parent, or drive home with another student after the completion of the Senior All Night Party at 5 am on June 3<sup>rd</sup>, 2024.

**Emergency Contacts for during the Event:**

Name	Relationship	Cell Number

NO DRUGS, ALCOHOL, TOBACCO OR VAPING MATERIALS WILL BE ALLOWED ON THE PREMISES.  
THE MERCY HANDBOOK REGULATIONS WILL BE IN EFFECT.

I, \_\_\_\_\_, a student of Mercy High School, agree to abide by the school code of conduct as stated in the school handbook.

\_\_\_\_\_  
Print Parent's Name                      Parent's Signature                      Phone

\_\_\_\_\_  
Print Student's Name                      Student's Signature                      Phone

**TO ATTEND THE PARTY, RETURN THE FOLLOWING BY WEDNESDAY, MAY 15, 2024:**

- Consent Form – Mandatory
- Medical Form – Mandatory

Any questions, you can contact us at [mercysanp@mhsmi.org](mailto:mercysanp@mhsmi.org)

**Note: Parent volunteers will have cell phones on the night of the event should you need to reach out. No students will have their cell phones. Phones and keys will be collected at check-in and returned at check-out. The phone numbers below can be used to contact us during the event.**

Christine Pitcole – 248-229-2172 (event at large)

Joy Sneyd - 248-514-1186 (registration table)