

Student Last Name _____ First Name _____



Mercy High School
Senior All Night Party Class of 2024
Medical/First Aid Information

First aid personnel will be present at the Mercy Senior All Night Party. Should an injury occur on-site, or your daughter does not feel well and would require medical assistance, please provide the following information to help direct the first aid personnel in giving the best treatment to your daughter.

Student's Name _____

- 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, what condition(s)? _____

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

If yes, what foods is she allergic to: _____
What else is she allergic to _____

- 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 she require any medications, prescription or over the counter, during the hours of the Senior All Night Party? Yes _____ No _____

If yes:

- a. Please provide the following:

Name of Medication	Dosage	When Needs to Take	Initial If Given

- b. _____ Initial here if you authorize the first aid personnel to administer any needed prescription medication, she brings with her and/or over-the-counter medication(s) necessary in the case of illness, injury, or accident, including, but not limited to, Tylenol (acetaminophen) Aleve (naproxen), ibuprofen and/or cough drops for headaches, coughs, etc.

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

Will she require using her inhaler during the hours of the Senior All Night Party? Yes _____ No _____

If yes:

c. Please provide the following:

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

_____ Initial here if you authorize the first aid personnel to allow your daughter to use her inhaler or to administer the inhaler, she brings with her.

NOTE: All inhalers, EpiPens, and all prescription medications must be put into a clear plastic quart-size Ziploc bag with your daughter's name on the front of it and turned into the first aid check-in station for potential distribution and use during the evening. Each prescription medication must be labeled specifically for your daughter and in its original bottle or packaging.

Signature of Parent or Legal Guardian _____

Date: _____

6) Student's Health Insurance Provider: _____

Subscriber's Name: _____

Health Insurance Policy #: _____

Emergency Contacts for during the Event:

Parent Name	Relationship	Cell Phone Number

Student's Physician: _____

Physician Phone: _____

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)

Contact of Primary First Aid Personnel Night of Event:

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

Christine Pitcole at 248-229-2172 (party Chair)

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.