



# Senior All Night Party

## Class of 2018

### Medical Information

First aid personnel will be present at the Senior All Night Party.. Should an injury occur onsite that would need first aid assistance, please answer the following questions to help guide the personnel to give the best treatment to your daughter.

1) Does your daughter have currently OR in the past any medical conditions that the first aid personnel should be made aware of...for example: history of seizures, diabetes, bleeding disorders, or heart issues, etc? \_\_\_\_Yes \_\_\_\_NO

If yes, what condition \_\_\_\_\_

2) Does your daughter have any allergies (environmental, food, or medication)?

\_\_\_\_Yes \_\_\_\_No If yes, list allergan

\_\_\_\_\_

Is an EpiPen required? \_\_\_\_Yes \_\_\_\_NO

NOTE: If an EpiPen is required your daughter needs to bring it to check-in and give it to the first aid personnel to keep should she need it during the event.

3) Is your daughter on any prescription medication? \_\_\_\_Yes \_\_\_\_No

If yes, please list all medications \_\_\_\_\_

Will any medication be required during the hours of the SANP? \_\_\_\_Yes \_\_\_\_No

If yes, please have your daughter bring the medication to check-in to give to the first aid personnel for distribution during the evening.

Emergency Contact Name: (other than parent) \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ cell or home? \_\_\_\_\_

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

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

Epipen received at Check-In \_\_\_\_\_ (initial) Returned at Check-Out \_\_\_\_\_

Medication received at Check-In \_\_\_\_\_ (initial) Returned at Check-Out \_\_\_\_\_