

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



## Senior All Night Party Class of 2025 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:**

Sarah Mitchell (734) 718-4060

You can also reach the Co-Chairs that night: Yen Hannah (713) 443-3228 or Ban Kizzy (248) 613-2419

**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.**