



Saint Elizabeth Ann Seton Catholic School  
10650 Aboite Center Road  
Fort Wayne, Indiana 46804  
(260)432-4001

## Student Health/Directory Information 2018-2019

(Parent/Guardian to complete)

**Family Last Name:** \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Grade: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Mother's Name:** \_\_\_\_\_ Work Place: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Work Place: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Student lives with: \_\_\_\_\_

### **Emergency Contacts:** This section **MUST** be filled out- **DO NOT LIST PARENTS**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list any health related information for your child/children that the school nurse should be aware of (i.e. daily medications, chronic health conditions, medication allergies, food allergies). Additional forms are required for students with food allergies, asthma, and diabetes.**

\_\_\_\_\_ With your initials, you give the school nurse permission to share the above *pertinent* medical information on your child/children to teachers and staff members who may have contact with your child during school hours.

**Family Last Name:** \_\_\_\_\_

## Transportation

My child/children: \_\_\_\_\_ Rides SW bus \_\_\_\_\_ AM  PM

Rides by car AM  PM

Daycare \_\_\_\_\_ Drops off AM  Picks up PM

## Wednesday Envelope

- I will receive the Wednesday Envelope Electronically
- I do not have an email address; therefore, I will have to receive a paper copy of the Wednesday Envelope

Primary email address for Wednesday Envelope: \_\_\_\_\_

Secondary email address for Wednesday Envelope: \_\_\_\_\_

## Directory Information

The information listed on the front page is sometimes made available to our parent volunteers. Please check below if you **DO NOT WISH TO HAVE YOUR PHONE NUMBER GIVEN OUT**.

**I do not want my phone number in the directory**

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes that are relevant to the information requested by this form.

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Parent/Guardian signature

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Date