



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: ____/____/____

Grade: _____ Birthdate: ____/____/____

Grade: _____ Birthdate: ____/____/____

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.

Parent/Guardian signature

Date _____