



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

## Student Health/Directory Information 2017-2018

(Parent/Guardian to complete)

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

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

### Child's Name:

\_\_\_\_\_  
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.*

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\_\_\_\_\_ 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