



Emergency Information

Saint Elizabeth Ann Seton Catholic School

The information below *must* be kept on file in the school office. Complete this form for each child and send it back to school tomorrow. Parents must complete this form prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Address _____ Preferred Phone _____

City, State, Zip _____

Parent Place of Employment _____ Work Phone _____

Who should we call if there is an emergency regarding this child, and in what order should we call them? (This list should include parents & guardians)

	Name	Relationship to Child	Phone Number(s)	Please check
1				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
2				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work
3				<input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work

CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and/or the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

_____ Dr. _____ is my preferred physician.

_____ Dr. _____ is my preferred dentist.

_____ My hospital of choice is _____

_____ Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

_____ If my child's school has a prescription for auto-injectable epinephrine and my child is demonstrating signs or symptoms of life-threatening anaphylaxis during the school day, I DO NOT consent to the administration of auto-injectable epinephrine (epi-pen) for my child.

The school may disclose the following checked information to a health care provider:

_____ Insurance Company: _____ Policy/Group/Claim # _____

_____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date: _____ Signature of Parent/Guardian: _____

ADDITIONAL HOUSEHOLD INFORMATION

Child lives with (please select):

____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather Other _____
____ Full Time ____ Shared Custody

Any additional information: _____

Your child departs most days with _____

I give permission for the following people to pick my child up from school on a semi regular basis:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Parent / Guardian Signature: _____

E-mail Address _____ Family Parish _____ If

your child attended public school, what elementary or middle school would (s)he attend?

ADDITIONAL MEDICAL INFORMATION

Medication Taken _____ Dosage _____

Time Taken _____ Home ____ or School ____ (select one)

** If medication needs to be taken at school, a CONSENT FOR ADMINISTRATION OF MEDICATION must be filled out and filed with the office. **

Allergies and / insect bite information:

Pertinent information regarding child's physical condition or medications:

Other important information:



Medical Permissions & Health Information

2026-2027 School Year

Student Name: _____ 2026-2027 Grade: _____

Permission to Treat:

I authorize the school personnel to deliver to my child standard first aid for injuries and symptoms of illness during the school day.

Yes No Initials: _____

Please list any health-related information for your child that the school nurse should be aware of, this includes daily medications, chronic health conditions, medication allergies, food allergies, etc. *If your child has diabetes, asthma, food allergies, or the need for an Epi-Pen, inhaler, or other medication while at school, additional forms will need to be completed.*

Permission to Share Pertinent Medical Information:

Do you give the school nurse permission to share the above pertinent medical information on your child with teachers and staff members who may have contact with your child during the school hours?

Yes No Initials: _____

By signing below, I agree that 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 in my child's health status that are relevant to the information requested on this form.

Parent/Guardian Signature

Date

USE OF ELECTRONIC NOTIFICATIONS

Saint Elizabeth Ann Seton Catholic School

Electronic Policy and Use of Electronic Notifications

Students are not permitted to bring electronics to school. This includes Smart Watch, iWatch, Fitbit, etc. Students may bring a cell phone on campus although it must remain off and in their locker between 7:15 AM and 3:15 PM.

Students who are caught breaking the electronic policy for the first offense will have their electronic device taken away for one week, the second offense students will have their electronic device taken away for one month, on the third offense, the electronic device will be taken away until the end of the school year. Electronics that are taken away from students will be stored in a secure location in the school office. Saint Elizabeth Ann Seton Catholic School bears no responsibility for lost or stolen electronic devices. Inappropriate use of any electronic devices could result in disciplinary action to the student.

Parent Signature (Required)

Cell Phone

Student Signature/Date

First Offense

Second Offence

Third Offense

Electronic Device

Student Signature/Date

First Offense

Second Offence

Third Offense

Please return this form by August 5, 2026



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

INTERNET: ACCEPTANCE OF PARENT/GUARDIAN

Please read this document carefully before signing.

As the parent or legal guardian of the minor student identified below, I grant permission for my son or daughter to access the networked computer services such as electronic mail and the Internet consistent with the above terms and conditions.

Saint Elizabeth Ann Seton Catholic School has taken precautions to eliminate access to inappropriate materials on the networked computer services; however, I also recognize that it is impossible to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the Internet.

I furthermore accept full responsibility for supervision if and when my student's use is not in a school setting. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

The school is not held responsible for accuracy or quality of information obtained through the Internet services.

I accept responsibility for any financial obligation incurred by my minor child through the use of the Internet and related technologies that is not previously specifically approved by the school as part of the assigned fees. I hereby release and agree to indemnify the Diocese and Saint Elizabeth Ann Seton Catholic School and agree to hold them harmless from any unauthorized financial responsibilities or liabilities my student incurs through use of the Internet and related technologies and thus accept responsibility if such financial commitments or liabilities are incurred.

Student's Name (please print) _____

I have read and discussed this Internet Use Agreement with my child. Yes No

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____

Date _____

P4620 CSO 07/2014



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INTERNET: USER AND PARENT/GUARDIAN PERMISSION AGREEMENT

Please read this document carefully before signing

Internet access is available to students and teachers at Saint Elizabeth Ann Seton Catholic School. We are very pleased to bring this access to our school and believe that the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to students and teachers is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The use of the Internet and related technologies must be in support of education and research and consistent with the educational objective purposes and Christian mission of the Catholic schools. Use of other organizations' networks or computing resources must comply with the rules appropriate for these networks.

As a condition of being allowed the privilege to use the Saint Elizabeth Ann Seton Catholic School computer network, I hereby agree to comply with all Diocesan and school policies regarding Internet use, and the rules, terms, and conditions of the User Agreement and to honor all relevant laws and restrictions.

I understand that my use of the internet connection in the school is a privilege, not a right. Inappropriate use will result in a cancellation of those privileges. The school administration determines appropriate use, and their decision is final. Further disciplinary action may follow as indicated in the school handbook.

I understand that I am expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

Network Etiquette:

1. Be polite. Do not send immoral or abusive messages to others.
2. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
3. Illegal activities are strictly forbidden.
4. Keep your personal address and phone number private and do not reveal the phone numbers of other students or colleagues.
5. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities.
6. Use the network in such a way that will not disrupt the use of the network by other users.

7. Note that all communications and information accessible via the network should be assumed to be private property.
8. Inform the technology facilitator of any security problem immediately.
9. Inform the technology facilitator of any unsolicited on-line contact immediately.

I understand that the following are not permitted:

1. Accessing, uploading, downloading, or distributing unchristian, immoral, or pornographic, obscene, or sexually explicit materials.
2. Sending or displaying unchristian, immoral, offensive, violent, pornographic, obscene, or sexually explicit messages or pictures.
3. Using immoral, violent, abusive, obscene, or sexually explicit language.
4. Sending unchristian, harassing, insulting, or threatening message.
5. Damaging computers, computers systems, or computer networks or attempting to harm or destroy data or another user.
6. Violating copyright laws.
7. Unauthorized use of another's password.
8. Trespassing in other's folders work, or files.
9. Intentionally wasting resources.
10. Employing the network for commercial purposes.
11. Transmission of any material in violation of any federal, state, or local law.
12. Obtaining software or data fraudulently or illegally.
13. Revealing one's own or another's personal address or phone number.

I have read (or had explained to me) and understand the above agreement. I further understand any violation of the terms, conditions, and regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked pending investigation and could be revoked permanently, other school disciplinary action may be taken and/or appropriate legal action may be taken against me.

Student's Name (please print) _____

Student Signature _____

Parent or Guardian Signature _____

Teacher Signature _____

Date _____

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Student Health/Directory Information 2026-2027

(Parent/Guardian to complete - One per family)

Family Last Name: _____ Email address: _____

Address: _____ Zip Code: _____ Home Phone #: _____

Parish/Church: _____ Religious Affiliation _____

Child's Name: _____

_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____
_____	Grade: _____	Birthdate: ____/____/____

Mother's Name: _____ Workplace: _____ Work #: _____

Cell #: _____

Father's Name: _____ Workplace: _____ Work #: _____

Cell #: _____

Student lives with: _____

Directory Information

The information listed on this 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