

**St. Patrick Religious Education  
Health Check-in Form**

***This Health Check-in Form must be completed for each student for every class, before drop-off. Students will not be able to attend class without this completed form.***

***This form applies to all St. Patrick Religious Education Programs  
(Faith Formation, Edge, Youth Ministry and Confirmation).***

***Please be advised that there is no exception to this mandate.***

**Student Name (PLEASE PRINT)** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Please check if your child has any of these symptoms:**

Temperature of 100.04 or above

Fever or Chills

Cough/Running Nose/Shortness of breath or difficulty breathing

Sore Throat

Loss of taste or smell

Nausea or vomiting/diarrhea

My child has none of the above symptoms

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_