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________________________