



SHRINE CATHOLIC GRADE SCHOOL

2021-2022 Kids' Club Health Statement

I, _____, verify that my child/children:

1. _____

2. _____

3. _____

4. _____

«Sib_1_First» «Sib_1_Last»

«Sib_2_First» «Sib_2_Last»

«Sib_3_First»Is/are in good health and free of any communicable diseases. I understand that I assume responsibility for my child/children's health while at **SHRINE KIDS' CLUB**.

Parent Printed Name: _____

Parent Signature: _____

Date: _____