



BLESSED SACRAMENT SCHOOL

5841 Chevy Chase Parkway, NW * Washington, DC 20015 * T: 202.966.6682 * F: 202.966.4938 * www.bsstoday.org

Date: _____

Time: _____

(Student's name) _____ has been dismissed from Blessed Sacrament School with the following symptoms:

Temperature: _____ Non-contact forehead thermometer Oral thermometer (circled)

Other symptoms include:

Please indicate by signing below that you have evaluated this student and authorize this child to return to school.

Thank you,
Jenny Williams, RN
Debbie Ryan, RN
Anna Meenan, RN

I have evaluated this student and deemed him or her safe to return to school.

Signature: _____