

Pre-Return to Classes Questionnaire COVID-19

To be completed by a parent/guardian for each child.

This questionnaire must be completed by parents on behalf of each of their child who attend Codex Kids or Speed4Sports calsses **-at least 3 days** in advance of returning to classes. If the answer is Yes to any of the below questions, you are advised to seek medical advice and do not send her to school as she will be putting other people at risk.

Child's Name: _____
 Name of Class : _____
 Time of Class : _____
 Full Address : _____
 Age of Child : _____

Questions	YES	NO
1. Does your child have symptoms of cough, fever, high temperature, Sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Has your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Have you been advised by the HSE that your child is a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days?		
4. Have you been advised by a doctor that your child should self-isolate at this time?		
5. Have she been advised by a doctor to cocoon at this time?		
6. Have she been advised by your doctor that your child is in the very high risk group? If yes, please liaise with Aled Hughes re return to classes and follow the agreed government guidelines arrangements for very high risk groups.		

I confirm, to the best of my knowledge that I have no symptoms of COVID-19, am not self-isolating or awaiting results of a COVID-19 test and have not been advised to restrict my movements.

Please note: Codex Kids & Speed4Sports is collecting this sensitive personal data for the purposes of maintaining safety within the workplace in light of the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and this data will be held securely in line with our retention policy.

Signed: _____

Date : _____

