

COVID-19 Declaration

A separate copy of this declaration must be completed and signed by each person (or a parent/guardian in the case of each child) attending a Comhaltas in Britain activity. This form and its details will be treated with the strictest of confidence and in full accordance with GDPR requirements.

ALL INFORMATION MUST BE RECORDED IN BLOCK CAPITALS

Branch _____

Name _____

Name of Parent/Guardian _____

Contact Phone Number _____

I declare that I:

- (a) have read and understood the Covid-19 Guidelines for Comhaltas Activities and agree that I (or the above name child) will abide by these guidelines and any future amendments communicated to me;
- (b) understand and accept the risks posed by Covid-19 to me personally (or the above name child);
- (c) agree to wear Personal Protective Equipement as required.
- (d) consent to attendance records and contact details (name and phone number given above, which I will update if changed) being released for the purposes of NHS Test & Trace
- (e) undertake that I (or the above name child) will **NOT** attend Comhaltas activities if I (or my child) have:

had any of the Covid-19 symptoms in the past 14 days (i.e. cough, fever, high temperature, sore throat, loss of taste or smell, runny nose, breathlessness or flu like symptoms)

been diagnosed with confirmed or suspected Covid-19 infection in the past 14 days

been a close contact of a person who is a confirmed or suspected case of Covid-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)

been advised by a doctor or required by Government regulation to self-isolate or shield

Signature _____

Date _____

Of the person named above (or a parent/guardian in the case of a child)