

**Covid-19 Pre Return to Groups Questionnaire for Young People**

Please complete the below form for your child (separate questionnaire for each child if you have more than one child attending) and return to NYP prior to your child’s attendance at groups.

If you indicate to us your child has symptoms of COVID-19, or if you have been abroad in the last 14 days (with the exception to Northern Ireland), in accordance with Government guidance, you will be required to seek a professional medical assessment before being permitted to attend groups.

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| --- | --- |
| **Parent’s Details** |  |
| Name: |  |
| Mobile No: |  |
| Alternative contact no: |  |
| Email: |  |
| Date: |  |
| **Young person Details** |  |
| Name: |  |
| D.O.B.: |  |

|  |  |  |
| --- | --- | --- |
| **Questionnaire –** *Please select answer for each question* | **Yes** | **No** |
| Do you or does your child currently have, or have ever been diagnosed as having, Covid-19? |  |  |
| Have you or your child travelled abroad in the last 14 days? |  |  |
| If yes, to travel abroad please state where. |  |  |
| Have you or your child displayed any symptoms of Covid-19 in the last 14 days, namely fever, high temperature, persistent coughing, breathing difficulties / shortness of breath, and. or loss of taste or smell? |  |  |
| If yes, which symptom(s) have you displayed |  |  |
| Do you or your child live in the same household as someone, or has your child been in close contact with someone, who has displayed symptoms of Covid-19 in the last 14 days or who has a confirmed case of Covid-19? |  |  |
| If yes, please provide details: |  |  |
| If you answered **Yes** to any of the above questions, have you consulted a Doctor or other medical practitioner? |  |  |
| Have you or your child been advised by a doctor to cocoon at this time? |  |  |
| Have you or your child been advised by a doctor to self-isolate at this time? |  |  |
| Are you available to drop and collect your child as per NYP guidelines? |  |  |
| Do you consent to your child’s temperature being taken before entering the premises? |  |  |

**PLEASE NOTE:**

It is of utmost importance that all NYP policies in respect of Covid-19, to include on-site standard procedures regarding infection control (e.g. hand washing/hand sanitising, general coughing/sneezing etiquette, etc.) are followed at all times. Staff will direct young people in line with these policies and co-operation is sought from parents and young people alike.

Information supplied in this questionnaire by parents may need to be shared for the purposes of contact tracing should a query in relation to Covid-19 occur.

**I confirm that the above information is accurate to the best of my knowledge**

|  |  |
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| **Name (print):** |  |
| **Signature**: |  |
| **Date**: |  |
| **Received by:** |  |
| **Date:** |  |