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| **Fit To Attend Survey | Must be completed in full before any parent/guardian can attend club activity** |
| Parent/Guardian Name: |  |
| Name of child: |  |
| Relationship to child: |  |
| Club: |  |
| Date Completed: |  |
| Tel Number: |  |
| Email address: |  |
|  |
| Have you been outside Ireland in the last 14 days?  | Yes | No |
| Have you been in contact with someone within the last 14 days who has suspected Covid-19? | Yes | No |
| Have you displayed any of the following symptoms of Covid-19 in the last 14 days? |
| High Temperature  | Yes | No |
| Continuous Cough | Yes | No |
| Unexplained shortness of breath | Yes | No |
| Loss of sense of smell, or taste or distortion of taste | Yes | No |
| If you answered YES to any of the questions above then you are not permitted to attend at this time. |
| For those who were advised to cocoon or deemed high risk. Have you received clearance from your GP that it is safe for you to attend? If n/a leave blank. | Yes | No |
| Have you completed the Sport Ireland or equivalent Covid 19 online awareness training: | Yes | No |
| Do you agree to adhere to VI and club protocols at all times and follow instruction if required? | Yes | No |
| I declare that I have completed this survey to the best of my knowledge. |
| SIGNED: |

This is for parents/guardians who are attending a session in a safeguarding capacity only. Volleyball Ireland Protocols around this must be adhered to.