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# COVID-19 DECLARATION FORM (Digital)

This declaration form can be completed digitally and sent back to your branch unit through email. This declaration must be completed by each person (or a parent/guardian in the case of each child) attending a Comhaltas Ceoltóirí Éireann activity. All details will be treated with the strictest of confidence and in full accordance with GDPR requirements.

**Branch (IN BLOCK CAPITALS):**

**Name (IN BLOCK CAPITALS):**

**Name of Child if applicable (IN BLOCK CAPITALS):**

**Parent/Guardian Name**

**(IN BLOCK CAPITALS):**

**Contact phone number:**

I declare that I:

1. 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;
2. understand and accept the risks posed by Covid-19 to me personally (or the above name child);
3. agree to wear Personal Protective Equipment as required.
4. 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 HSE authorised contact tracing; and
5. 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); or
* been advised by a doctor or required by Government regulation to self-isolate or restrict your movements at this time.
* returned into Ireland from a non-green list country in the last 14 days?

**Print Name:**  **Date:**

Of the person named above

(or a parent/guardian in the case of a child)