



# KEYWORTH SCHOOL OF THEATRE DANCE

## Covid-19 Policy Agreement & Health Declaration

Information supplied in this questionnaire by KSTD customers provides a record of health and is used in assessing the pupil's suitability to attend our classes. These records will be stored in line with GDPR policy for a maximum of 1 year. For those aged 18 or under this must be completed by the parent/carer named below.

**Name of pupil/s** (please print).....  
(first name/s and surname/s)

**Name of parent/carer** (please print).....  
(first name and surname of parent/carer for pupils aged 18 or under)

Are you, or any one in your household, experiencing any of the following symptoms at present (or have done in the last 14 days)	
1. New or continuous cough	YES / NO
2. A high temperature	YES / NO
3. A loss or change of taste and smell	YES / NO

Have you recently travelled outside the UK to countries not covered by the travel corridor exception?	YES / NO
If Yes, which countries?	
Please state your travel dates outside the UK	

Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive?	YES / NO
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I confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with KSTD staff.

I understand that if I have answered Yes to any of the questions above the pupil/s named above must not attend class and must self-isolate at home.

The pupil/s for whom I am responsible, named above, and I agree to comply with all hygiene procedures and rules whilst present at KSTD classes at all venues and understand failure to follow these directives may result in my child not being able to attend KSTD classes.

I confirm that I have read and acknowledge the KSTD Covid-19 policy.

**Parent/carer signature** ..... **Date**.....