**HEALTH INFORMATION QUESTIONNAIRE**

**(CUSTOMERS AND STUDENTS)**

Information supplied in this questionnaire by Funky Feet School of Dance and Performing Arts customers provides a record of health and is used in assessing student’s suitability to attend our course. These records will be stored in line with Funky Feet School of Dance and Performing Arts GDPR policy for a maximum of 1 year.

|  |  |
| --- | --- |
| Parent/ Guardian Name: |  |
| Student Name: |  |
| Venue Attended: |  |
| Date in Attendance: |  |

|  |  |
| --- | --- |
| 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. Cough | YES / NO |
| 1. Shortness of breath | YES / NO |
| 1. High temperature | YES / NO |

|  |  |
| --- | --- |
| Have you recently travelled outside the UK? | YES / NO |
| If yes, please state which countries. |  |
| Please state your date(s) of travel outside of the United Kingdom. |  |
| Have you knowingly encountered someone displaying the symptoms of COVID-19 or someone who has tested positive in the last 14 days? | YES / NO |

I, ........................................................................... (name of parent/carer) confirm that the above information is accurate to the best of my knowledge and hereby give consent for the information to be shared with Funky Feet School of Dance and Performing Arts staff.

The student(s) for which I am responsible, and I agree to comply with all hygiene procedures and rules while present on Funky Feet School of Dance and Performing Arts sites and understand failure to follow these directives may result in termination of services provided with no refund.

Print Name .............................................

Signature ................................................

Date .......................................................