

COVID-19 VACCINE CONSENT FORM

Information about person to receive vaccine 18 years of age and younger (please print)

Name: _____ Birth date: ___/___/___ Age: _____ Sex: Male Female

Phone: _____

I certify that I have been or will be asked a series of questions that will help determine if there is any reason not to receive a COVID immunization injection.

I have read, or have had explained to me, the Emergency Use Authorization (EUA) for COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be given to the person named above for whom I am authorized to make this request (parent or guardian). I also agree as the guardian or parent of the person named above that I may or may not be present for the administration of the vaccine.

I HAVE BEEN ADVISED THAT A OBSERVATION of 15-30 MINUTES AFTER RECEIVING THE VACCINE BEFORE LEAVING WILL OCCUR.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(12/2020 COVID-19 Consent Form)

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