

Consent for COVID-19 Vaccine for Children

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SECTION 1: CHILD'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

Child's Last Name	Child's First Name	Child's Gender M F Other: _____	Birthdate
Health Services Number	Address/PO Box, Town, Postal Code		School
Parent/Guardian Name (print)	Cell Phone	May we text you? Yes No	Preferred Phone Number Teacher
Your Relationship to this Child (e.g., mother)	Parent/Guardian Email Address		

DO NOT ATTEND FOR IMMUNIZATION IF YOU ARE CURRENTLY ON ISOLATION DUE TO A RECENT POSITIVE COVID TEST, ARE HAVING COVID SYMPTOMS OR HAVE BEEN NAMED AS A CLOSE CONTACT.

SECTION 2: CHILD'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

1	
2a	If yes
2b.	
3	

