



COVID-19 VACCINATION CONSENT FORM

Employee Name	Position	Date
Department	Supervisor	Date of Hire
Emergency Contact: Name: _____ Relationship to Minor: _____ Phone Number: _____		

I am the: Parent of the minor patient Legal guardian of the minor patient

Other person with authority to make healthcare decisions on behalf of the minor patient, describe legal relationship: _____

I hereby attest to the following:

- The minor is 12 years of age or older.
- I have the legal authority to consent to the administration of the COVID-19 Vaccine to the minor.
- I have been provided access to read the facts regarding the COVID-19 Vaccine at the website: [CDC COVID-19 Facts](#)
- I understand the known and potential risks and benefits of COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that I have the option to accept or refuse COVID-19 Vaccine on behalf of the minor.
- The minor and I agree that the minor will remain in the observation area for the required time period following vaccine dose administration.
- I consent to the administration of COVID-19 Vaccine on behalf minor.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual

Date

Signature of Parent, Legal Guardian, or Other Authorized Individual

Date

****Please return this form back to Human Resources prior to receiving the vaccination.***