This is an example template which may be used in conjunction with an organization outside of Public Health Nursing who is providing vaccines for students.

**COVID-19 Immunization Consent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District will be offering a COVID-19 immunization clinic at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Your child is eligible for the COVID-19 Pfizer-BioNTech mRNA vaccine. The vaccine will be available at your child’s school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you would like your child to receive this vaccine, please complete this consent form, and immunization screening form by \_\_\_\_\_\_\_\_\_\_\_\_\_ and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you have questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Parents/Guardians are required to review the vaccine fact sheet before consenting to vaccination.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_to receive the COVID-19 Pfizer-BioNTech mRNA vaccine. I have read the vaccine fact sheet. My child does not have a contraindication for receiving this vaccine.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent/guardian Telephone Number

Please let \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ know if you would like to be present during the vaccination or write us a note here on how to reach you during the event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_