



KENDALL COUNTY
HEALTH DEPARTMENT

Covid-19 Vaccine
Consent for Vaccine Administration
16+ Years

*A separate form must be completed for each child receiving the vaccine

Date of Service: _____

Name: _____ Birth Date: _____ Age: _____

Address: _____ City/State/Zip: _____

Phone number: _____ Ethnicity: Hispanic or Non Hispanic Gender: M or F

Race: _____ American Indian or Alaskan Native _____ Asian
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander
_____ Middle Eastern _____ Pakistani or Eastern Indian
_____ White _____ Latino
Other: _____ Declined to Specify

“I _____, authorize The Kendall County Health Department to vaccinate my child. I have received and read the **Emergency Use Authorization (EUA)** for the **PFIZER-BIONTECH 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 the vaccine and ask that the vaccine stated below, be given to me or to the person named above for whom I am authorized to make this request. This information will be entered into EMTrack/ICARE (Illinois Comprehensive Automated Immunization Registry Exchange) System. I give permission to release my child’s immunization records to the school district or private school until my child’s 18th birthday. If you have any further questions, please ask at this time.

Pfizer-BioNTech Covid-19 Vaccine

Print Parent /Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Office use only:

Age Verified: ☐

Initials: _____



KENDALL COUNTY
HEALTH DEPARTMENT

Parent Substitute Form

Dear parent or legal guardian,

If you are unable to attend the vaccine administration appointment with your child, please fill out the form below. By signing this form, you are authorizing a consenting adult, over the age of 18, to BRING your child to this appointment. **THIS FORM IS IN ADDITION TO THE CONSENT FOR VACCINE ADMINISTRATION FORM THAT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.** A separate form must also be completed for each child.

Upon signing this form, you are also authorizing that the named person can consent to medical care for your child if an adverse reaction should occur. Medical treatment could consist of emergency medication being administered by the nursing staff of the Kendall County Health Department (KCHD) or local Emergency Medical Service (EMS) teams. In addition to this, you are also consenting that if an adverse reaction should occur, and the EMS team determines that your child requires additional treatment, the consenting adult, with guidance from the EMS team, can be transported to a local emergency department for further treatment.

I, _____, give _____ permission to
(Parent/legal guardian) (Consenting adult)

transport and accompany my child, _____ to their Covid-19 vaccine
(child's name)
administration appointment.

Parent/Legal Guardian Name: _____
(Please Print)

Parent/Legal Guardian Signature: _____

Consenting Adult Name: _____
(Please Print)

Consenting Adult Signature: _____