



COVID-19 VACCINATION CONSENT FORM

Seattle & King County vaccination sites

Patient Name _____ Date of Birth _____

First or Second Dose of Vaccine: First ☐ Second ☐

Acknowledgement: I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Fact Sheet onsite or online (QR code below).

Pfizer-BioNTech COVID-19 vaccine fact sheet: www.fda.gov/media/144414/download
Additional information about COVID-19 vaccines is available at: kingcounty.gov/yourvaccine

Authorized Adult Consent: I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

Signature of Authorized Adult

Date

Printed Name of Authorized Adult

QR CODE FOR VACCINE FACTSHEETS

