Consent form for COVID-19 vaccination

This form must be signed if the child is not accompanied to the vaccination appointment by its legal guardians, and any of the following applies:

• Your child is 12–14 years old.
• Your child is 15–17 years old and has difficulties understanding spoken and written information, or has difficulties following instructions.

Child’s personal identity number (YYYYMMDD-XXXX):

_______________________________________________

Child’s name:

_______________________________________________

By signing, I agree that my child will be vaccinated for COVID-19.

Date: ________________________________  Date: ________________________________

_______________________________________________  Guardian signature

_______________________________________________  Guardian signature

Print name (IN CAPS)  Print name (IN CAPS)

The form must be signed by both guardians if you have a joint custody.