

# 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):

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Child's name:

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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Guardian signature

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Guardian signature

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Print name (IN CAPS)

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Print name (IN CAPS)

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