

COVID-19 Vaccine Parental Consent Form



Section 1: Information about Person to Receive Vaccine (please print, sign and bring with you to your appointment in order to be vaccinated)

PATIENT NAME (Last)		(First)	(M.I.)	DATE OF BIRTH	
				month _____	day _____ year _____
PARENT / LEGAL GUARDIAN NAME (Last)		(First)	(M.I.)	AGE	GENDER <input type="checkbox"/> M / <input type="checkbox"/> F
				AUTHORIZED PARENT PHONE NUMBER:	
CITY	STATE	ZIP			

Section 2: Consent

I GIVE CONSENT to Thrifty White Pharmacy and its staff to vaccinate the minor child named above for whom I am authorized to provide this consent as parent or legal guardian. The minor child may participate in the COVID-19 vaccination appointments without me being present. I have participated in the appointment process and have reviewed the screening questions regarding my child's health history and current health status and acknowledge that the answers submitted to these questions are accurate. I have reviewed the Emergency Use Authorization (EUA) Fact sheet for the applicable COVID-19 Vaccine(s) found at <https://www.cdc.gov/vaccines/covid-19/eua/index.html>. I understand the COVID-19 vaccine had potential side effects including remote risk of severe and unexpected side effects. I understand that vaccine administration and related patent records will be handled consistent with the Notice of Privacy Practices found on thriftywhite.com/hipaa, and vaccine records will be entered into VEARS database as well as claims for reimbursement submitted to your applicable health insurance carrier(s). Thrifty White Pharmacy has permission to call me at the phone number above if there are any questions related to the vaccine administration for my minor child.

I DO NOT GIVE CONSENT to Thrifty White Pharmacy and its staff for this minor child named at the top of this form to be vaccinated with this vaccine.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____