

Greenwood School District 50 2021 COVID Vaccine Consent Form

Full Name (person receiving vaccine)

Date of Birth

Full Address (person receiving vaccine)

Phone Number and Email Address

Emergency Contact Name and Phone Number

I have read the CDC Fact Sheet for Recipients and Caregivers and the Emergency Use Authorization for the Pfizer Vaccine located online at <http://www.cdcvaccine.com> for ages 12 and over. I understand the benefits and risks of the vaccine. On behalf of the patient, the patient's heirs and personal representatives, I hereby release and hold harmless each applicable Provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the COVID-19 vaccine. I further hereby release and hold harmless Greenwood School District 50.

I give consent for the person named above to receive the COVID-19 Vaccine. Please sign below: Parent/Guardian must sign for students.

Signature _____ Relationship _____