WEWILLWIN

COVID-19 VACCINATION

Consent for Individuals Ages 12-17

Information about the person who will receive the COVID-19 Vaccine:

Name: _____ _____ _____
First Name MI Last Name

Date of Birth: _____ Age: _____
mm/dd/yyyy

Address: _____
Street Address

_____ _____ _____
City State Zip

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT:

- I have read the Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) of the Pfizer-Biontech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 12 Years of Age and Older.
- I give the Will County Health Department and participating vaccination partners permission to submit vaccination record information to I-CARE, or Illinois Comprehensive Automated Immunization Registry Exchange, a web based immunization record-sharing application developed by the Illinois Department of Public Health (IDPH) used to share immunization record information with other physicians statewide.
- I hereby authorize that this vaccine be given to the person named above for who I am the parent/legal guardian who is authorized to consent.
- I affirm that all the information I have provided on this consent form is correct and accurate.

_____ _____
Signature of legally authorized representative or independent minor Date

_____ _____
Name Relationship to Child

_____
Phone number (cell phone preferred)

Will County Health Department & Community Health Center