



COVID-19 VACCINATION

Consent for Individuals Ages 5-17

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

IN THE EVENT THAT I AM UNABLE TO ACCOMPANY MY CHILD,

the individual named here, who is age 18 or older will be accompanying my child throughout the entire visit:

Name of person over the age of 18, accompanying my child

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT:

- I have read the provided Vaccine Information Fact Sheet for Recipients and Caregivers (below) for my child's age group.

Vaccine Information Fact Sheet for Recipients and Caregivers: 5 - 11 years of age

Vaccine Information Fact Sheet for Recipients and Caregivers: 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.

Handwritten signature (of legally authorized representative or independent minor)

Date

Printed Name (of legally authorized representative or independent minor)

Relationship to Child

Phone number (cell phone preferred)

