

COVID-19 VACCINATION CONSENT FORM

for Public Health – Seattle & King County vaccination sites

| Patient Name | Date of Birth | |
|----------------------------------|---------------|---|
| First or Second Dose of Vaccine: | First 🛛 | Second |
| | | rtunity to review the COVID-19 Vaccine Fact Sheet for review the Fact Sheet onsite or online (QR code below) |

Pfizer-BioNTech COVID-19 vaccine fact sheet: <u>www.fda.gov/media/144414/download</u>

Moderna COVID-19 vaccine fact sheet: <u>www.fda.gov/media/144638/download</u>

Janssen/Johnson & Johnson COVID-19 vaccine fact sheet: <u>www.fda.gov/media/146305/download</u>

Additional information about COVID-19 vaccines is available at: kingcounty.gov/yourvaccine

Authorized Adult Consent: I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

| Signature of Authorize | ed Adult | , Date | | |
|------------------------|-----------------------|--------------|------------|------|
| OR | | | | |
| For Vaccine Site: | | | | |
| Verbal consent by | | given by | to | on |
| | Authorized Adult Name | Phone/Device | Staff Name | Date |

Minor Consent: I am a legally emancipated minor, a minor married to an adult, or have been determined a mature minor. I request that I be given the vaccine. I understand that I should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.



Signature of Emancipated/Married to An Adult Minor/Mature Minor Date