



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: _____
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

Signature of legally authorized representative or independent minor

Date

Name

Relationship to Child

Phone number (cell phone preferred)

