

CONSENT FORM FOR SCHOOLS PFIZER VACCINE SHOTS

STUDENT'S NAME			DATE OF BIRTH	
PARENT/LEGAL GUARDIAN'S NAME			STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN'S DATYTIME PHONE NUMBER:	
CITY	STATE	ZIP		

	YES	NO
1. Does your child have any other serious allergies? PLEASE LIST:		
2. Has your child ever had a serious reaction to a previous dose of vaccine?		

CONSENT FOR CHILD'S VACCINATION:

I have read the information for the Pfizer Covid-19 vaccine and understand the risks and benefits.

I GIVE CONSENT to the Fort Peck IHS and its staff for my child named at the top of this form to be vaccinated with the Pfizer Covid-19 vaccine for both doses (3 weeks apart). ***(If this consent form is not signed, then your child will not be vaccinated).***

I also agree to be present with my student at the time of vaccination. (Parents/Legal Guardians will come to your student's school office on Wednesday, January 12th, between the hours 10-Noon. Office help will arrange for your student to come to the office. Once in parent/legal guardian care, students will escort parent/legal guardian to the HPDP Clinic located in room 531B. After completing the shot clinic students and parent/legal guardian will return to the school office to check back in.)

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____ Date: _____