

COVID-19 VACCINATION CONSENT FORM

for Public Health – Seattle & King County Vaccination Sites

Patient Name	Date of Bir	th	Age
Acknowledgement: I have been prov Recipients and Caregivers. I understa			Fact Sheet for
Pfizer-BioNTech COVID-19 Vaccine F	act Sheet:		[1] (\$25.5) [1]
 www.fda.gov/media/167212/download 			
Moderna COVID-19 Vaccine Fact Sho	eet:		
 www.fda.gov/media/167209/download 			
			QR CODE FOR
Novavax COVID-19 Vaccine Fact She	et:		VACCINE
 Ages 12 years and older: www.fda.gov/media/159898/download 		ad .	INFORMATION
Additional information about COVID-	-19 vaccines is available at: kingco	unty.gov/yourvaccin	e (QR code above).
vaccine location for 15 to 30 minutes vaccine-related reactions and side ef Signature of Authorized Adult	_	ntion if needed.	tial immediate,
OR			
For Vaccine Site:			
Verbal consent by	given by	to	on
Authorized Adult Nam	Phone/Device	Staff Name	Date
Minor Consent: I am a legally emand mature minor. I request that I be given 15 to 30 minutes after receiving the reactions and side effects and received	en the vaccine. I understand that l vaccine to be monitored for poter	I should stay at the v	accine location for
Signature of Emancinated/Married to An Ad	ult Minor/Mature Minor		