

PFIZER VACCINE SHOTS

CONSENT FORM FOR SCHOOLS

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

	YES	NO
1. Does your child have any other serious allergies? <i>PLEASE LIST:</i>		
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)*

SIGNATURE OF PARENT/LEGAL GUARDIAN:

_____ Date: _____