

Consent for COVID-19 Vaccination



Parent/Guardian to complete. Please print in CAPITAL letters using a black or blue pen.

Student's Details

Surname

Given Name/s

Date of Birth

 / /

Gender

 M F

Grade

Name of School

Medicare Number

Number beside your child's name on the Medicare card

Indigenous Status

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Your Details – Parent or Legal Guardian

I have read and understood the information in the Parent Information Sheet regarding the benefits and possible side effects of the COVID-19 Pfizer (COMIRNATY) vaccine and note that I can withdraw consent at any time.

I hereby give consent for my child named above to receive a 2-dose course of the COVID-19 Pfizer (COMIRNATY) vaccine.

I declare to the best of my knowledge that my child:

- has not had anaphylaxis after a previous dose of an mRNA COVID-19 vaccine
- has not had anaphylaxis to any component of the vaccine, including anaphylaxis to polyethylene glycol (PEG)
- does not have myocarditis and/or pericarditis attributed to a previous dose of an mRNA COVID-19 vaccine

- has not had other serious adverse events attributed to the first dose of an mRNA COVID-19 vaccine
- does not have a past history of inflammatory cardiac illness for example myocarditis, pericarditis, endocarditis; current acute rheumatic fever; dilated cardiomyopathy; or acute decompensated heart failure.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb

Postcode

Mobile Number

Best Alternate Number (include area code e.g. 02)

Signature of Parent/Guardian

Date

 / / 

COVID-19 Record of Vaccination



COV2101000001

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm Left Right Time of Vaccination (24hr) : Vaccine Batch Number DOSE 1

Nurse's Signature

Date

 /

Arm Left Right Time of Vaccination (24hr) : Vaccine Batch Number DOSE 2

Nurse's Signature

Date

 /

Nurse's notes

Reason not vaccinated

- Absent
- Refused
- Unwell
- No signature
- Contraindication
- Referred to GP
- Consent withdrawn
- Other