

AUTHORIZED CONSENT AND APPOINTMENT OF AGENT

I authorize the South Heartland District Health Department to provide COVID-19 vaccination to my child, _____, in my absence and in accordance with the Health Department's schedules, policies, and emergency medical care.

Please Check:

- Pfizer
- Moderna
- J & J Janssen

I hereby appoint _____ (adult 19 years or over) as my agent and representative for the purpose of authorizing and consenting to vaccination, medical care and/or hospital care of the above-named child for any reaction to medicine, illness or injury while such person is in the care of the agency and when I am not immediately available to give such consent.

Allergies: _____

Family Physician: _____

Physician Phone Number: _____

Date _____
month/day/year

Custodial Parent or Guardian Signature

Custodial Parent or Guardian Print Name

Address

Phone

This consent form is valid for only TWO WEEKS from date of parent signature.

SHDHD 5/17/2021

