

COVID-19 VACCINATION CONSENT FORM
for Public Health – Seattle & King County vaccination sites

Patient Name _____ Date of Birth _____

First or Second Dose of Vaccine: First Second

Acknowledgement: I have been provided an opportunity to review the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers. I understand that I can review the Fact Sheet onsite or online (QR code below).



Pfizer-BioNTech COVID-19 vaccine fact sheet: www.fda.gov/media/144414/download

Moderna COVID-19 vaccine fact sheet: www.fda.gov/media/144638/download

Novavax COVID-19 vaccine fact sheet: www.fda.gov/media/159898/download

Additional information about COVID-19 vaccines is available at: kingcounty.gov/yourvaccine

List of Authorized Adults who may consent for minors: kingcounty.gov/vaccine/youth

Authorized Adult Consent: I am authorized to consent for the patient named above to receive this vaccine. I request that the vaccine be given to the patient named above. I understand that the patient should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

_____, _____, _____
Signature of Authorized Adult Authorized Adult Print Name Date

OR

For Vaccine Site:

Verbal consent by _____ given by _____ to _____ on _____
Authorized Adult Name/ Phone/Device Staff Name Date
Relationship to Patient

Minor Consent: I am a legally emancipated minor, a minor married to an adult, or have been determined a mature minor. I request that I be given the vaccine. I understand that I should stay at the vaccine location for 15 to 30 minutes after receiving the vaccine to be monitored for potential immediate vaccine-related reactions and side effects and receive medical intervention if needed.

_____, _____
Signature of Emancipated Minor/Married to An Adult Minor/Mature Minor Date