

LOUDOUN HEALTH DISTRICT
COVID VACCINATION CONSENT FOR MINORS

Name of individual to be vaccinated today (please write clearly):

First

Middle

Last

Date of Birth: _____

Age: _____

I have read the Emergency Use Authorization Fact Sheet for the COVID-19 vaccine and understand the risks and benefits. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from the receipt of the vaccine. I give consent to the Health Department and its authorized staff for the child named at the top of this form to receive the COVID-19 vaccine.

(Printed name)

Parent, Legal Guardian, or Person Acting in Loco Parentis

Signature

Date

A consent form is required for each minor receiving the COVID-19 vaccine.
Please complete, print, sign and date the form and bring with you to the vaccination center.