



Employee Health
Vineland: 856-641-7595
1505 W. Sherman Avenue, Vineland

Mullica Hill: 856-508-1000 x80563
700 Mullica Hill Road, Mullica Hill

COVID VACCINE MINOR CONSENT

I, _____ consent to MY MINOR CHILD to receive the COVID-19 vaccine. It has been explained to me that there may be a small reaction such as soreness, redness, and possibly fever, usually lasting one to two days. Persons should NOT receive this vaccine if they have had a severe allergic reaction to ANY vaccine without first consulting with my medical provider. I have been given the Emergency Use Vaccine Information Sheet, and consent to have my minor child vaccinated with the COVID-19 vaccine.

PARENT/GUARDIAN SIGNATURE PRINTED NAME

MINOR CHILD SIGNATURE SS# (Last 4 Digits) DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP CODE

BEST CONTACT PHONE #

******VERBAL CONSENT OBTAINED OVER THE PHONE FROM GUARDIAN******

NAME OF GUARDIAN RELATIONSHIP TO MINOR PHONE # CALLED

ADDRESS OF GUARDIAN DATE/TIME OF CALL

CLINICIAN PRINTED NAME CLINICIAN SIGNATURE WITNESS PRINTED NAME

WITNESS SIGNATURE WITNESS FACILITY ADDRESS