



Acknowledgement for COVID-19 Vaccination

Must be signed by parent or legal guardian in order to be VACCINATED.

Please print patient's full name, legibly in uppercase.

Vaccine for:

Date of birth (MM/DD/YYYY):

- [EUA Fact Sheet for 6 months to 4 years old](#)
- [EUA Fact Sheet for 5 – 11 years old](#)
- [EUA Fact Sheet for 12 – 17 years old](#)

By signing this form, I attest that I am the custodial parent or legal guardian of the above named minor and give my permission for the COVID-19 VACCINE to be administered to them. Further, I agree that I have read the information about the VACCINATION or someone has explained it to me; I understand the risks and benefits of being VACCINATED and any questions I had about COVID-19 VACCINATION have been answered.

1. I have read the COVID-19 Vaccine EUA Fact Sheet provided, and
2. I authorize St. Luke's University Health Network/Geisinger St. Luke's to administer the COVID-19 vaccine to my minor child

Signature of parent or guardian _____

Printed name of parent or guardian _____

Relationship to minor (Mother, Father, Legal Guardian) _____

Today's Date _____