**Authorization to Administer COVID-19 Vaccine in Absences of Parent/Legal Guardian**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Legal Guardian Name) (Relationship to child)

Herby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to bring my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult (18 years or older) (Child’s Name)

To the J&K Healthy Choice and its affiliates, vaccine appointment and authorize

J&K Healthy Choice to administer the COVID-19 vaccine to my child in my absence.

**I GIVE CONSENT for the child named at the top of this form to get vaccinated with the COVID-19 Vaccine and reviewed and agree to the information.**

Name of the Parent or Legal Guardian (Last, First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For 12- through 15-years-olds who will not be accompanied by their parent or legal guardian only**  **Name of responsible adult who I authorize to accompany the child** |

\_\_\_ I am an emancipated or self-sufficient minor or married or previously married.

**(If you check this box, you may be asked to attest to this at your vaccine appointment)**