



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	