

## Somerset County Department of Health – COVID-19 Vaccination

Date: \_\_\_\_\_

Right Arm \_\_\_\_\_ Left Arm \_\_\_\_\_

First Name			
Last Name			
Date of Birth	Month	Day	Year
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Prefer Not to Specify		
Address			
City			
State			
Zip			
Phone Number	Area Code	Number	
Ethnic Group	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Prefer Not to Specify		
Email Address			
COVID-19 Vaccine Dose	<input type="checkbox"/> First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/> Third (Additional) <input type="checkbox"/> Booster  Manufacturer & Lot Number:		

**Moderna Pediatric: 6 months - 5 years**



# Somerset County Department of Health COVID-19 Vaccination Site

## *Parental/Guardian Consent Form for Moderna COVID-19 Immunization*

1. I am the legal parent/guardian of the below named minor.
2. I was given a copy of the FDA's Fact Sheet for Recipients and Caregivers in connection with the Emergency Use Authorization (EUA) for the Moderna COVID-19 Vaccine. I have read the Fact Sheet and understand the risks associated with the vaccine.
3. I acknowledge that I, along with the minor named below, have the option to either accept or refuse administration of the Moderna COVID-19 Vaccine.
4. I authorize administration of the Moderna COVID-19 Vaccine to the minor named below. By signing this waiver, I acknowledge that my child is 6 months to 5 years old.

### **Parent/Guardian**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relation to Minor Named Below: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

### **Minor Authorized to Receive Vaccine**

Printed Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_