## **COVID** -19 Vaccine Consent

As a parent(s)/guardian(s) of: (student name);	, I hereby voluntarily
consent to permit my son/daughter receiving the Pfizer COVID vaccine off	
Medical Center at our school district on dates assigned by Windber Medic	,
2021 and again on June , 2021. This vaccine requires two injections.	ar cerrer, as raesaay, same iso,
I have reviewed the provided Emergency Use Authorization Fact Sheet. I	
risks of my child receiving the vaccine. I agree for my child to remain at th	e vaccination location for at
least 15 minutes after vaccine is administered in the event of adverse reac	ction. If my child experiences
any adverse reactions after leaving, I will notify my primary care provider.	
The consent(s) found in the packet will all need returned to the Portage Ai	rea High School main office <b>on</b>
or before, 9 am on Tuesday, June 1 <sup>st</sup> , 2021.	
Signature of Parent(s)/Guardian(s)	
	<del></del>
Date:	