



Immunization Parental Consent Form

Section 1: Information about the minor patient to receive the vaccine

Please print and sign this document, and have the minor patient bring this form to their appointment in order to receive their vaccination.

Patient Last Name	Patient First Name	(M.I.)	Date of Birth	
			Month _____	Day _____ Year _____
Parent/Legal Guardian Last Name	Parent/Guardian First Name	(M.I.)	Age _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
City	State	Zip Code	Authorized Parent/Guardian Contact Phone Number	

Section 2: Consent

- I GIVE CONSENT** to Thrifty White Pharmacy and its staff to vaccinate the minor child named above for whom I am authorized to provide this consent as parent or legal guardian. The minor child may participate in the vaccination appointment without me being present. I have participated in the appointment process and have reviewed the screening questions regarding my child's health history and current health status, and acknowledge that the answers submitted to these questions are accurate.

I have reviewed the Vaccine Information Statement (VIS) for the applicable vaccine at <https://www.immunize.org/vis/>. For COVID vaccinations, I have reviewed the Emergency Use Authorization (EUA) Fact Sheet for the applicable COVID vaccine(s) at <https://www.dcd.gov/vaccines/covid-19/eua/index.html>.

I understand that vaccines have potential side effects including remote risk of severe and unexpected side effects. I understand that vaccine administration and related patient records will be handled consistent with the Notice of Privacy Practices found on <http://www.thriftywhite.com/hipaa>, and that vaccine records will be submitted to the VEARS database as well as claims for reimbursement will be submitted to your applicable health insurance carrier(s).

Thrifty White Pharmacy has permission to call me at the phone number provided above if there are any questions related to the vaccine administration for my child.

- I DO NOT GIVE CONSENT** to Thrifty White Pharmacy and its staff for this minor child named at the top of this form to be vaccinated.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____