



CONSENT FORM FOR VACCINATION AGAINST COVID-19

I, the undersigned, _____

certifying that I am acting as a legal representative, authorise the Vaccination Centre to vaccinate my child against COVID-19.

Details of the child:

Last Name: _____

First Name: _____

Date of Birth: _____

In case of emergency, you can reach me in the following ways:

Phone Number: _____

E-Mail Address: _____

In _____, on the _____

Signature of legal representative:
