



## COVID 19 Vaccination Consent Form

Vanuatu Ministry of Health

*Before you fill out this form, make sure you read the information sheet on the vaccine your child will be getting: Moderna (Spikevax).*

**For Parents to fill**

<b>Child surname:</b>	
<b>Child first name:</b>	
<b>Date of birth:</b>	
<b>Gender (M/F):</b>	
<b>Parents phone contact number(s):</b>	
<b>Email contact:</b>	
<b>Home address:</b>	

*Please specify if your child has any:*

- Allergies – specify: .....
- Medical Conditions- specify: .....
- Type of Disability – specify: .....

*Please fill in and tick the box*

We, .....&.....  
parents/guardian/ substitute decision maker of.....

- Give** consent to the Ministry of Health and Medical Services to give Moderna COVID-19 vaccine to our Child
- DO NOT** give consent to the Ministry of Health and Medical services to give the Moderna COVID-19 to my child
- We confirm, we have read and understood the information provided in this consent form about this vaccine.

<b>Parent/guardian/substitute decision-maker's name:</b>	
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<b>Parent/guardian/substitute decision-maker's signature:</b>	
<b>Relationship to the Child</b>	
<b>Date:</b>	

**For School Administration to fill**

<b>School surname:</b>	
<b>Island:</b>	
<b>Province:</b>	
<b>Student OV Registration #:</b>	
<b>Class/Year level:</b>	
<b>Is the Child Boarding? (Yes or No)</b>	
<b>School phone contact number(s):</b>	
<b>School email address:</b>	

**Very important to take note that**

1. Only legal parents are to sign this consent form.
2. Guardian or substitute decision makers who sign this form must provide evidence/ prove to indicate the legal parents' approval
3. In case of orphan student, a legal guardian or a substitute decision maker is allowed to sign this form.

