

Last week, there was a folder (purple cover) of information from the Brookings Health System sent home with the 6th-12th grade students. Through a grant program, the BHS will be offering COVID-19 and the influenza vaccines free of charge for the Elkton School District. This vaccine from Pfizer is available for students age 12 and older (by the date of the first scheduled dose). Students must be available for both the first and second dose of the vaccine. If you need a consent form, it is attached to this notice. The school will help coordinate students for the upcoming vaccine clinic dates:

October 7 th (Thursday)	1 st dose of COVID-19 vaccine
October 28 th (Thursday)	2 nd dose of COVID-19 vaccine
November 3 (Wednesday)	Influenza vaccine

COVID-19 Vaccine Administration Form

Patient Information

Full Legal Name _____

Date of Birth _____ Gender: Male Female

Other Names Used (e.g. maiden name): _____

Parent/Guardian First and Last Name (if patient is under age 18) _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Please answer the following questions:

1. Have you received treatment for COVID-19? No Yes
2. In the past 14 days have you received any type of vaccine or do you plan to receive a vaccine other than for COVID-19 in the next 14 days? No Yes
3. Are you pregnant, lactating or planning to become pregnant? No Yes
4. Do you have a history of anaphylactic reactions? No Yes
5. Are you immunocompromised or taking a medication to suppress your immune system? No Yes
6. Do you have an allergy to any ingredient of the COVID-19 vaccine? No Yes: _____

YES, I would like the COVID-19 vaccine given the child listed above.

I have been provided with the opportunity to read the COVID-19 fact sheet for recipients and caregivers.

Signature _____ Date _____

Relationship to patient: _____

For Vaccinator Use Only

Vaccine Manufacturer _____ Lot # _____ Expiration Date _____

Administered By _____ Administration Date _____

Time of Administration _____ Time of Departure _____

Site of Administration: L R Deltoid