PLEASE BRING A SIGNED COPY OF THIS CONSENT FORM.

Student's COVID-19 Vaccination Questionnaire: Complete the form for each vaccine.
First Dose (12 years – 14 years)

Student's First Name: ____________________________________ Surname: _________________________

Class: ____________ Section: ____________ Date of Birth: _______________________________________

Residence Address: ____

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Phone/Mobile: ____

Email: ____

Aadhaar Number: ____

Co-Win Registration Number: ____

As your vaccinator does not always have access to your medical details, please answer the following questions to ensure it is safe for you to have your vaccination.

Questions:

	Question	YES	NO
1.	Are you well today?	☐	☐
2.	Have you had been diagnosed with COVID-19 in the last 28 days?	☐	☐
3.	Have you had any other vaccinations in the last 7 days?	☐	☐
4.	Have you ever had a severe allergic reaction or anaphylaxis?	☐	☐
5.	Do you suffer from a bleeding disorder or take any type of anticoagulant (blood thinner)?	☐	☐
6.	Do you suffer from any condition, or take any medication or treatment, that may affect your immune system (eg. cancer, cancer treatments, high dose steroids, etc)	☐	☐
7.	Are you taking any regular medication?	☐	☐
8.	Have you had a COVID-19 vaccination in the last 28 days?	☐	☐

I declare that the above declarations are true.

Parent/Guardian's Signature: _________________________________ Date: ______________________

Parent/Guardian's Full Name: ____

Parent/Guardian's Mobile: ____

Contd……2

PARENT / GUARDIAN CONSENT FORM FOR MINOR TO RECEIVE COVID-19 VACCINE

I, ………………………………………………….., being the parent / guardian / authorised representative authorized to consent for Covid-19 vaccination for the minor child listed below, hereby give my informed consent and permit authorized medical team of Bidhannagar Municipal Corporation (BMC) to administer the COVID – 19 vaccine to my child.

I understand that following the delivery of the vaccine, BMC will observe my child for a 30-minute period to monitor for an adverse reaction if the minor is unaccompanied. In case of a reaction, the attendant (parent /guardians/authorised representative) shall be responsible to arrange medical care of the minor.

I fully understand that this is a voluntary service as part of its community service initiative and I will not hold the school responsible for any eventuality of any adverse event following vaccination.

I further acknowledge that this consent may be verified either in person or verbally over telephone before the vaccine is administered if there are queries.

I understand that my child will receive a COVID -19 vaccine approved under India's National COVID-19 Vaccination Program.

I understand the benefits and risks of vaccination and I give permission for my child to be vaccinated.

Details:

- Name of Minor receiving vaccine: …………………………..……..………………………………………
- Name of School: ……………………………………………………………………………………….
- Name of Parent / Guardian / Authorised Representative: …………………………………………….
- Contact No. of Parent / Guardian / Authorised Representative: ……………………………………

Signature of Parent / Guardian / Authorised Representative: ………………………………………………

Date: ………………………………