



Address:	
Gender:	
Language spoken at home:	
Country of birth:	

Is your child Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only
- Yes, Torres Strait Islander only
- Yes, Aboriginal and Torres Strait Islander
- No
- Prefer not to answer

#### Parent/guardian details

Parent/guardian name:	
Phone contact number:	
Email address:	

#### Consent to receive COVID-19 vaccine

I confirm that:

- I have received and understood information provided to me on COVID-19 vaccination for the child named above
- none of the above conditions apply to this child, or that I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider
- I am the child's parent, guardian or substitute decision-maker
- I have the authority to provide consent for this child and I agree to the child named above receiving the Pfizer COVID-19 vaccine.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	

Last updated: 14 December 2021