

Covid-19 Vaccine Acceptance / Consent Form

I, hereby, consent and accept the following, on behalf of myself, or the individual named below, for whom I am the legal guardian or medical proxy (please initial below):

_____ I have chosen to receive the COVID-19 vaccination series. I request that the vaccine be given to me or to the person named below for whom I am authorized to make this request.

_____ I have been provided with the Vaccine Information Sheet(s) or patient fact sheet corresponding to the vaccine(s) that I am receiving. I have read the information provided about the vaccine I am to receive.

_____ I have read the applicable Emergency Use Authorization information (EUA) for Recipients and Caregivers regarding the COVID-19 virus and vaccine and been given the opportunity to ask questions to understand the risks and benefits regarding the Emergency Use Authorization (EUA) information. (Pfizer-BioNTech or Moderna).

_____ I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination, and I voluntarily assume full responsibility for any reactions that may result.

_____ I understand that I should remain in the vaccine administration area for 15 minutes or longer, depending on my medical condition, after the vaccination to be monitored for any potential adverse reactions.

_____ I understand that if I experience side effects that I should immediately do the following: contact a doctor, and/or call 911.

_____ I also understand that I will continue to be required to wear appropriate Personal Protective Equipment (PPE) including masks and practice social distancing.

_____ Disclosure. I understand and agree my health information may be disclosed to the physician responsible for this COVID-19 vaccine protocol regarding the specific health information of people vaccinated through this program, my Primary Care Physician (if I have one), my insurance plan, health systems and hospitals, and/or state or federal registries, for purposes of treatment or for other health care operations (such as administration or quality assurance).

_____ The Folsom Cordova Unified School District (FCUSD) has every intention to give both the first and second dose of the vaccine within the appropriate recommended time frames per the manufacture's guidelines. FCUSD does not control the supply of the vaccine and will make notifications of changes in its ability to provide second doses moving forward if supply availability changes.

This vaccine will be provided to me free of charge.

RELEASE, INDEMNITY AND DISCLAIMER

I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated

with the below vaccine(s) and have received, read and/or had explained to me the Vaccine Information Statements on the vaccine(s) I have elected to receive.

I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. I additionally agree to the disclosure provisions described in this consent form.

I have been given the opportunity to be vaccinated with COVID-19 vaccine, at no cost to myself. I understand that by declining the COVID-19 vaccine, I continue to be at risk for contracting and transmitting the COVID-19 virus, and if I want to be vaccinated with COVID-19 vaccination at a later date, I may receive the COVID-19 vaccination at no cost to me.

I also acknowledge that Folsom Cordova Unified School District (FCUSD) is not the provider of the community vaccine clinic service, but is only providing use of its facilities for this purpose.

On behalf of myself, my heirs and personal representatives, I hereby waive, release, agree, and hold harmless (including for costs and attorney's fees) Sacramento County Emergency Community Services Agency, FCUSD, and their officers, agents, successors, divisions, affiliates, subsidiaries, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the COVID-19 vaccines listed above including but not limited to any and all property damage, personal injury, accident, illness, hospitalization, or death arising out of related to your receipt of the COVID-19 vaccination on FCUSD facilities.

PLEASE PRINT LEGIBLY

PERSON TO BE VACCINATED (PRINT): _____

SIGNATURE: _____

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GUARDIAN NAME (PRINT): _____

GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm>
<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>