



Location of Clinic:

Sherburne County Health & Human Services/PH Division
 13880 Business Center Drive NW Suite 100
 Elk River, MN 55330-4600
 (763) 765-4000/ 1-800-433-5239

Vaccine Consent Form

NAME: (Last)		(First)	(M.I.)	
ADDRESS: (Street)		CITY	STATE	ZIP CODE
PHONE NUMBER:		DATE OF BIRTH: Month _____ Day _____ Year _____		
AGE: _____**		GENDER: Male _____ Female _____		
**I am completing this form for the named child who is less than 18 years of age				
PARENT/ LEGAL GUARDIAN'S NAME				
Last		First	Mother's Maiden Name	

CONSENT FOR VACCINATION: *I hereby certify that the foregoing history is correct and complete to the best of my knowledge and I have been given a copy and have read or have had explained to me the "Emergency Use Authorization fact sheet". I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccines requested and request that the vaccine be administered to me or to the person named for whom I am authorized to sign.*

Signature of Patient/Parent or Legal Guardian _____ Date: _____

ADMINISTRATIVE USE ONLY:

***Vaccinators Complete This Section**

Vaccine Type	Date Vaccine Administered	Date on bottom of EUA	EUA Date Given to client	Lot # (vaccine & diluent)	Site/Route	Administered by: Signature/title (first/last name)
				<input type="checkbox"/>		

*NOTE: THIS INFORMATION WILL BE ENTERED INTO THE MIIC REGISTRY.