

中文

Melayu

தமிழ்



MINISTRY OF HEALTH
SINGAPORE

LETTER OF CONSENT AND AUTHORISATION FOR COVID-19 VACCINATION

Instructions: This letter is to be completed and signed by the parent/legal guardian of the child/ward, who is giving consent for his/her child/ward to receive COVID-19 vaccination. Please provide this letter, duly signed, and completed, during your child/ward's vaccination appointment, for verification. To ensure that vaccination for the child/ward may proceed, the parent/legal guardian must be contactable by the vaccination site staff during his/her child/ward's vaccination appointment should there be any queries. For children aged 12 and below, they must be accompanied by a parent/guardian/proxy during the vaccination appointments.

Please tick as applicable:

- I am providing consent for my child/ward's **primary** series vaccination.
- I am providing consent for my child/ward's **booster** vaccination.

1. I, _____, _____, am the
(Name) (NRIC/FIN/Passport Number)

parent/legal guardian of _____,
(please delete as applicable) (Name of Child) (Birth Cert/Identification No.)

2. I refer to the Vaccination Information Sheet made available for review below providing important information on the COVID-19 vaccine, which I have read and fully understood.

3. I consent for my child/ward to receive the **primary/booster** (please delete as applicable) dose(s) of the COVID-19 vaccine, in Singapore. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have reviewed the screening questions at Part B of the COVID-19 Vaccination Form 1 made available for review below and am satisfied that my child/ward is eligible for the COVID19 vaccination.

4. (To be completed if applicable) I also hereby authorise _____,
(Name of Local Proxy)

_____, (H/P: +65 _____),
(NRIC/FIN/Passport Number) (Proxy's Local Contact No.)

to arrange for my child/ward's COVID-19 vaccination appointment on my behalf, and to accompany my child/ward for the vaccination appointment. I understand that I must be contactable by the vaccination site staff during my child/ward's vaccination appointment should there be any queries or other need to contact me. In the event that I am uncontactable, I acknowledge that my child/ward will be unable to proceed with the vaccination.

Signature of Parent/Legal Guardian
(Please delete as applicable)

Date

Information for Reference:

For Parents/Guardians of children aged 6 months to 17 years, please refer to the Pfizer-BioNTech/Comirnaty Vaccination Information Sheet and COVID-19 Vaccination Form 1 here:

<https://go.gov.sg/visp>

For Parents/Guardians of children aged 6 months to 4 years, please refer to the Moderna/Spikevax Vaccination Information Sheet and COVID-19 Vaccination Form 1 here:

<https://go.gov.sg/vism>

For Parents/Guardians of children aged 12 to 17 years, please refer to the Novavax/Nuvaxovid Vaccination Information Sheet and COVID-19 Vaccination Form 1 here:

<https://go.gov.sg/visn>