



Consent for Minor

I, _____ parent/legal guardian of _____,
(Parent/Legal Guardian) (Minor's Name)

born on ____/____/_____, have read and understand the information given to me
(MM/DD/YYYY)
regarding the COVID -19 vaccine. I have completed the vaccine consent form attached.

By signing this form, I do hereby consent to my child receiving the COVID -19 vaccine.

Parent/Guardian Signature _____ Date _____

Phone Number of Parent/Guardian _____ in case of
emergency related to vaccine administration.

HOSPITAL

906-341-3200 • 888-460-8724

RURAL HEALTH CLINIC

906-341-2153 • 800-562-9111

HOMECARE AND HOSPICE

906-341-3284 • 800-341-7642

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