

COVID-19 VACCINE CONSENT FORM FOR UNDER 18 YEARS OLD

NAME OF HEALTH FACILITY /VACCINATION SITE: _____

PERSONAL INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: DAY: MONTH: YEAR: PHONE NUMBER: | | | | | | | | | | | | | | | |

ADDRESS: _____

PROVINCE: _____

DISTRICT: _____

SECTOR: _____

GENDER

FEMALE

MALE

Is this the first or second dose of the Covid-19 vaccination?

First dose

Second Dose

- I.....Parent/Legal guardian ofaged....., hereby give my consent to the Rwanda Biomedical Center (RBC), the Implementing Agency of the Ministry of Health to administer the COVID-19 vaccine to the above-mentioned child under 18.
- I understand that this COVID-19 vaccine has been authorized for emergency use by Rwanda Food and Drug Authority and the World Health Organization, and this vaccine is being administrated to prevent severe Coronavirus Disease 2019 (COVID-19)
- I have read / received explanations and I understand the special authorization of administration of this vaccine against COVID-19; and I agree that my child/ the child under my lawful care be vaccinated. I acknowledge that I have had a chance to ask questions which have been answered to my satisfaction.
- I acknowledge that I have been advised to keep the child near the vaccination site for 15 minutes (or more in specific cases) after vaccine administration for observation. In case of unusual or severe side effects, I will call the toll-free number 114 or take him/her to the nearest hospital.
- I acknowledge that: (a) I understand the purposes/benefits of Rwanda's immunization registry and (b) RBC will include my child's personal immunization information in Health Management Information System ensuring ethical consideration and confidentiality. This will also contribute to the vaccine preventable diseases management as per the National and International regulations.
- By signing this form, I certify that I have the legal authority to consent to this minor receiving this COVID-19 vaccine.

Name of Parent/ Legal guardian: _____

Date and signature: _____

Vaccination site: _____

Address (District & Sector): _____

Type of vaccine: _____

Provider Name: _____

Date and Signature: _____

