



COVID 19 Vaccination – Consent to Walk to a Clinic

By signing and returning the lower portion of this form, I confirm that:

- ✓ I am the parent/legal guardian of this child.
- ✓ My child is registered on ClicSanté to receive their vaccine through their school.
- ✓ I give permission for my child to walk, escorted, to and from the vaccination center.
- ✓ My child is able to answer basic questions related to their health and identity.
- ✓ I have provided emergency contact information and have somebody available should my child not feel well during or after their vaccine.

 Please detach and return to your child's school

Student Information			
First name:			
Last name:			
School :	Gault Institute		
Grade:		Class:	

Emergency Contact Information		
Person to contact – Name	Relationship to Student	Contact Number

Please provide any additional information that you feel is pertinent:

I confirm that:

- ✓ I am the parent/legal guardian of the student named above.
- ✓ My child is registered on ClicSanté to receive their vaccine through the school.
- ✓ I give permission for my child to walk, escorted, to and from the vaccination center.
- ✓ My child is able to answer basic questions related to their medical history and identity.
- ✓ I have provided emergency contact information and have somebody available should my child not feel well during or after their vaccine.

Signature		
Name in block letters	Signature	Date

For office use only