

NADABURG UNIFIED SCHOOL DISTRICT No. 81

“Quality Education: Every Student! Every Day!”

32919 Center Street, Wittmann, Arizona 85361 Phone: (623) 388-2100 Fax: (623) 388-2915

COVID-19 Vaccine Consent

TO BE COMPLETED BY SELF/PARENT/GUARDIAN (please print):		
Last Name:	First Name:	MI:
Street:		APT #
City:	Zip:	Student name:
Phone No:		
Relationship to student:		
Person(s) receiving vaccine:		

I acknowledge that I am voluntarily allowing my child to participate in the vaccination clinic offered by the Nadaburg Unified School District No. 81 ("District") and assume any and all risks of receiving and/or allowing my child to receive a COVID-19 vaccine.

By signing below, I am indicating that I voluntarily agree to receive or allow my child/guardian listed above to receive the COVID-19 vaccine.

The vaccinations are provided by Albertson's. The District is only providing a facility for the vaccine clinic to be conducted and has no control over the administration of the vaccine. Individuals who receive a vaccine should carefully monitor any reaction to the vaccine and consult with their physician if they experience any side effects.

Authorization and Consent for COVID-19 Vaccination:

By my signature below, I acknowledge that I am voluntarily participating in a vaccine clinic offered through a partner of the Nadaburg Unified School District No. 81. I acknowledge and understand that my/my child's COVID-19 vaccine will require an injection that will be administered by Albertson's. I understand that there are risks associated with receiving a COVID-19 vaccine and more information will be provided by Albertson's or my regular physician. I understand that I have the right to discuss the proposed vaccine with a physician, to learn about the purpose, potential risks and benefits of receiving the vaccine. I assume complete and full responsibility to take appropriate action with regards to my/my child's vaccination. Should I have questions or concerns regarding my/my child's vaccination, or should I/my child experience negative side effects from the vaccination, I shall promptly seek advice and treatment from an appropriate medical provider.

Release:

As consideration for the testing, and to the fullest extent permitted by law, I hereby, for myself, for my child, and for my heirs, executors, administrators and assigns, waive, release, and forever discharge the District, its Board members individually, administrators, officers, employees, volunteers, COVID-19 vaccine clinic partners, and agents from any and all manner of action and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law, or in equity, which I may now have or may acquire, by reason of personal injury or death or loss of or damage to personal property or any other reasons, which may be related in any way to the COVID-19 vaccination clinic hosted by the District.

Indemnification:

I hereby agree to indemnify, defend, and hold harmless the District, its Board members individually, administrators, officers, employees, volunteers, COVID-19 testing partners, and agents from any and all claims of responsibility or liability for personal injury, property damage, or loss which may arise from or is in any way connected with the COVID-19 vaccine clinic hosted by the District.

Acknowledgements:

- I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form.
- I have been informed about the purpose of the COVID-19 vaccine, the potential risks and benefits, and any associated costs.
- I have been provided an opportunity to ask questions of the vaccine clinic provider before providing my consent for myself or my child to receive the COVID-19 vaccine.
- I have read the contents of this form in its entirety and voluntarily consent to my receipt of my/my child's receipt of the COVID-19 vaccine.

Informed Consent and Waiver completed by:

PRINTED NAME OF PERSON RECEIVING VACCINE

PRINTED NAME OF PARENT /GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN:

RELATIONSHIP TO STUDENT (if applicable): _____