

# COVID-19 VACCINATION: PARENT/GUARDIAN CONSENT ACKNOWLEDGEMENT AND DELEGATION

Dear Parent:

Groton Public Schools have partnered with Hartford HealthCare (“HHC”) to offer the Pfizer-BioNTech SARS-CoV-2/COVID-19 vaccine (“Vaccine”) to students who are 12 to 17 years of age. Enclosed please find the Hartford HealthCare COVID-19 Vaccination Clinical Consent and Authorization for Disclosure form (“Consent Form”) and the Pfizer Fact Sheet. State law requires that minors obtain a guardian’s consent before they receive the Vaccine. Federal law requires Hartford HealthCare to provide the Fact Sheet to you.

Please write the name and date of birth of the Minor who you want to be vaccinated:

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

By signing below, you acknowledge, with respect to the minor identified above (“Minor”), that:

- (1) You are the parent or legal guardian of the Minor;
- (2) You have been provided the Consent Form; have reviewed and agree to the Consent Form terms; if applicable, have signed the Consent form and returned it to the School; and consent to Hartford HealthCare administering the Vaccine to the Minor;
- (3) You have been provided a copy of the Fact Sheet and can also access it here: <https://www.fda.gov/media/144413/download>. On August 23, 2021, the Vaccine received full FDA approval for use in individual 16 and older. It continues to be available under emergency use authorization, for individuals 12 through 15 years of age;
- (4) You authorize any licensed nurse affiliated with the School (“School Nurse”) to communicate your consent to the staff and clinicians involved in the Vaccine administration and to HHC via MyChartPlus, and as necessary, assist the Minor by registering for and accessing MyChartPlus in connection with Vaccine administration;
- (5) You authorize any School Nurse to provide to the Minor any and all medical care that the Minor should require in the event of an emergency, including without limitation, calling 911.

I, on behalf of the Minor listed above, and each of my/our respective heirs, executors, personal representatives, agents, or assigns, hereby release School and each of its employees, agents, directors, districts, and contractors (collectively, the “Released Parties”) from any and all claims or potential claims, injury, loss, damage, or death arising out of, in connection with, or in any way related to Minor’s receipt of the Vaccine including, but not limited to, claims or potential claims regarding short-term or long-term adverse effects, negligence or recklessness in administration, any ineffectiveness of the Vaccine, or for any other reason related to the Vaccine.

\_\_\_\_\_

Parent or Legal Authorized Representative Signature      Date      Time

Print Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_