

**DEPARTEMENT
GESUNDHEIT UND SOZIALES**
Abteilung Gesundheit

Declaration of consent from parent/guardian

☞ Please complete this form, sign it, and give it to your son/daughter to take to school. Thank you.

Child's details (as written on their ID, passport or residence permit):

Surname:	
First name:	
Date of birth:	
Sex:	
Street, no.:	
Post code, town/city:	
Class:	
Mobile number to download certificate	

Please tick yes or no:

<input type="checkbox"/>	Yes , we consent to our son/daughter receiving a Covid-19 vaccination at school.
<input type="checkbox"/>	<i>If yes, please answer this question:</i> We confirm that we are not aware of our son/daughter being allergic to polyethylene glycol 2000 (Macrogol) or tromethamine.
<input type="checkbox"/>	No , we do not want our son/daughter to receive a Covid-19 vaccination at school, or our son/daughter has already been vaccinated.

The signatory confirms that the information provided is accurate:

Place, date:

Name and signature of at least one parent/guardian

Name: _____

Signature: _____

Name: _____

Signature: _____