



PARENT/GUARDIAN CONSENT FOR COVID-19 VACCINE

I, the undersigned, am the parent or legal guardian of the child listed below, and hereby give consent to Central Ohio Primary Care Physicians, Inc. (“COPC”) to administer the COVID-19 vaccination to my child. I have received the most up-to-date Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers with respect to the vaccine. I understand that I will have the chance to ask questions and have them answered to my satisfaction prior to my child receiving the vaccine. I acknowledge that I have been offered and/or received COPC’s Notice of Privacy Practices available at <https://www.copcp.com/Documents/DownloadFile/164> which describes the potential uses and disclosures of my child’s protected health information. In consideration of COPC’s provision of services, I, the undersigned, agree for myself, my heirs, executors, administrators, personal representatives, and assigns, to release and hold harmless COPC, its officers, agents, independent contractors, and/or employees from any liability which may arise out of my election for my child to receive services from COPC. I hereby assume all risks of harm, injury, illness and damages on behalf of my child associated with my permission for my child to receive services from COPC.

Parent/Legal Guardian Signature

Child’s Name (print)

Print Name

Date