



ABN: 29 608 668 828

129 Parkes Street
Helensburgh NSW 2508

Phone: (02) 4294 1400
Fax: (02) 4294 1082
Website: PSGP.com.au

Covid Vaccine Parent/Guardian Consent Form
(age under 16 years)

Name of person to be vaccinated: _____

Date of birth: _____

I am the patient's guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above.

Full name: _____

Signature: _____

Date: _____