



MINISTRY OF HEALTH, BRUNEI DARUSSALAM

For office use only

No: \_\_\_\_\_

**COVID-19 VACCINATION: CONSENT FORM FOR CHILDREN**

Before completing this form, make sure you have read the information sheet on the COVID-19 vaccine that your child will be getting.

**RECIPIENT'S DETAILS (Please complete the following details)**

Full Name:					
Address:					
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	IC No:		Colour: <input type="checkbox"/> Y <input type="checkbox"/> R <input type="checkbox"/> G
Date of Birth:		Contact Number:			
Institution Name					
Year/Semester:		Program Name:			
BruHIMS No.:		Passport No.:			

I declare that:

- I have read and understood the information on the vaccine and its possible side effects.
- I understand that the common side-effects associated with the vaccine include, but are not limited to, pain, redness or swelling at the site of injection, tiredness, headache, muscle pain, chills, joint pain, fever, nausea or feeling unwell.
- I understand that the vaccine may, very rarely, cause a severe allergic reaction.
- I understand that these may not be all the side-effects of the vaccine as the vaccine is still being studied in clinical trials.
- I understand the risks and benefits associated with the above vaccine.
- I will not take action against the Government, Ministry of Health and/ or its staff or authorised representative of the Ministry of Health, as well as the vaccine manufacturer for any consequences arising from my receiving the vaccine.

**Consent for my child to receive COVID-19 Vaccine**

I have <b>received and understood</b> information provided to me on COVID-19 vaccination.	<input type="radio"/> Yes <input type="radio"/> No		
I hereby give my <b>CONSENT</b> for my child named above <b>to receive full course of the COVID-19 vaccine.</b>	<input type="radio"/> Yes <input type="radio"/> No		
I confirm that the child named above <b>need to be accompanied</b> either by me, my spouse, or her/his legal guardian during the assigned vaccination day.	<input type="radio"/> Yes <input type="radio"/> No		
<b>Name of parent/ guardian</b>			
<b>Parent/ guardian Signature</b>		<b>Date:</b>	
<b>Parent/ guardian IC No.:</b>		<b>Contact No.:</b>	
<b>Relationship to this child:</b>			

**NOTE: PLEASE PRINT OUT THIS FORM AND BRING IT DURING THE VACCINATION DAY.**