



COVID-19 VACCINATION CLINIC INFORMED CONSENT

The Terrell Independent School District is partnering with the City of Terrell to offer a voluntary COVID-19 vaccination clinic. The clinic will be administering the Pfizer-BioNTech COVID-19 vaccine ("COVID-19 vaccine"). Parents may consent to have the COVID-19 vaccine administered to their student at the clinic (assuming the student is of an age approved to receive the vaccine) located at the Jamie Foxx Performing Arts Center at Terrell High School on Monday, June 1 from 1:00 PM to 4:00 PM or at the ExCEL Center on Tuesday, June 2 from 1:00 PM to 4:00 PM.

This opportunity is **entirely optional** for students, and the District is not requiring students to receive the COVID-19 vaccine. If you are willing to provide consent for the administration of the vaccine to your child or yourself (if a student aged 18 or older), please fill out this form and return the form to the campus.

You may also be required to complete forms for the vaccine administrator.

This opportunity is being offered as a service to our Terrell ISD families and community. The District will take all necessary precautions to protect the safety of students, but please understand that the District, including any of its trustees, officers, employees, or organization sponsors, is not liable for any accident or injuries that may occur to a student as a result of agreeing to receive the COVID-19 vaccine.

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT STUDENT

Parent/Guardian (Print Name): _____

Student (Print Name): _____

School: _____

Grade Level: _____ Student DOB: _____

By signing below, I attest that:

1. I authorize the Terrell ISD or their representative, in conjunction with the City of Terrell, to provide my child or me (if a student age 18 or older) with the COVID-19 vaccine.

2. I acknowledge that while the COVID-19 vaccine helps prevent contraction and transmission of the COVID-19 coronavirus, it does not guarantee that I will not contract the virus and accordingly the District is not providing any guarantee that I will not contract the virus after receiving the vaccine.
3. I understand that at this time the COVID-19 vaccine has been designated by the Food & Drug Administration (FDA) for emergency use authorization for individuals 12 years of age and older.
4. I understand that there may be side effects to receiving the vaccine, including but not limited to pain, redness, swelling, aches, chills, fever, and nausea. I understand it is my responsibility to notify the Terrell ISD if my child has any allergies that may affect their response to the vaccine. I also agree I will seek medical advice, care, and treatment as needed from my child's medical provider in advance if I have questions or concerns concerning the COVID-19 vaccine, or if my child experiences extreme side effects following administration of the COVID-19 vaccine.

I, the undersigned, have been informed about the purpose, procedures, and possible benefits and risks of receiving the COVID-19 vaccine from the vaccination clinic. I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this COVID-19 vaccination.

Signature of Parent/Guardian
(or Student, if age 18+):
