

**COVID 19 – VACCINATION PROGRAMME 2022**  
**CONSENT FORM**  
**ALL SCHOOL LEARNERS**

Dear Parent/Guardian/Caregiver

The Department of Basic Education, in partnership with the Department of Health have agreed to provide in-schools vaccinations against the COVID 19 for learners who are 12 years and above, educators and school support staff in all primary and secondary schools.

For your child to receive these services we need you to give permission by completing the form on the other side of this page.

The vaccination team may screen your child and it could include the following:

1. Checking your child's health - blood pressure, temperature, and observation for fifteen minutes for any adverse events following the inoculation / immunisation (AEFI)
2. Health education on COVID-19 and the vaccines
3. Comprehensive briefing on the process to follow in event the learner is concerned about his/her health in the weeks following the vaccination.

You can come with your child to school on the day when the vaccination team visits and you, your family, neighbours and friends are welcome to bring along your ID book, birth certificate or asylum seeker registration and get vaccinated as well. Where a learner / adult has no documentation special arrangements will be made.

Please contact the school principal for any enquiries or additional information about these services **OR** if you have given written permission and you want to withdraw. Given budgetary constraints, the service may be limited at schools but will be available at the clinics and hospitals

Please return the completed form to the school tomorrow.

**PERMISSION/CONSENT FORM 2022 : COVID 19 VACCINATION SERVICE/S**

Parent/guardian/caregiver please **COMPLETE** the information on this form

Name of learner: \_\_\_\_\_ Grade: \_\_\_\_\_

ID No or LURITS No: \_\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Educ District: \_\_\_\_\_

**A. PLEASE CROSS A BOX NEXT TO THE SERVICES YOU WANT YOUR CHILD TO RECEIVE**

I \_\_\_\_\_ give permission for my child to receive the following:

Name: parent/guardian/caregiver

**YES NO Please cross YES or NO**

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Immunisation (Covid-19 for children 12 years or older)  |
| <input type="radio"/> | <input type="radio"/> | Health check (mainly body temperature check and referral to clinic if needed)                       |
| <input type="radio"/> | <input type="radio"/> | <b>Education and counselling</b> (COVID-19, protecting themselves and about vaccination / vaccines) |

**B. Signature**

\_\_\_\_\_  
Signature Parent/guardian/caregiver

\_\_\_\_\_  
AND/OR Signature: Child, 12yrs & older

Date: \_\_\_\_\_

Tel/ Cell number for Parent/guardian/caregiver \_\_\_\_\_

**C. THIS SECTION MUST BE COMPLETED , PLEASE CROSS YES OR NO IN THE BOX**

**Does your child have any health problems?**

No  Yes  Do not know

**If yes: Is your child receiving treatment for the health problem?**

No  Yes  Do not know

**Do you have a household member with COVID 19?**

No  Yes

**How many adults will be coming to the school to be vaccinated?**

**Does your child have any allergies?**

No  Yes  Do not know

If **yes**, what is your child allergic to?

\_\_\_\_\_

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**Schools to keep all consent forms safe.**

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