

## LETTER OF CONSENT AND AUTHORISATION FOR COVID-19 VACCINATION

**Instructions:** This letter is to be completed and signed by the parent/legal guardian of the child/ward, who is giving consent for his/her child/ward to receive the COVID-19 vaccination. Please remind your child/ward to provide this letter, duly signed and completed, during his/her vaccination appointments. Only the letter of consent and authorisation are required for verification. To ensure that vaccination for the child/ward may proceed, the parent/guardian must be contactable by the vaccination site staff during his/her child/ward's vaccination appointments should there be any queries.

1 I, \_\_\_\_\_, \_\_\_\_\_, am the  
(Name) (NRIC/FIN/ Passport Number)  
parent/legal guardian<sup>1</sup> of \_\_\_\_\_,  
(Name of Child) (birth cert/identification no.)

2 I refer to the Vaccination Information Sheet made available for review below providing important information on the COVID-19 vaccine, which I have read and fully understood.

3 I consent for my child/ward to receive both doses of the COVID-19 vaccine in Singapore. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have reviewed the screening questions at Part B of the COVID-19 Vaccination Form 1 made available for review below and am satisfied that my child/ward is eligible for the COVID-19 vaccination.

4 (To be completed if applicable) I also hereby authorise \_\_\_\_\_  
(Name of Local Proxy)  
\_\_\_\_\_, \_\_\_\_\_, (H/P: +65 \_\_\_\_\_), to arrange for my child/ward's  
(Proxy's Local Contact No.)  
COVID-19 vaccination appointment on my behalf.

Yours Sincerely,

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

<sup>1</sup>Delete as appropriate

**Information for Reference:** Details on the Vaccination Information Sheet and COVID-19 Vaccination Form 1 can be found here: <https://go.gov.sg/visp>