



BERGEN  
KOMMUNE

## Consent to vaccination

**I/we would like my/our child to be vaccinated against COVID-19.**

Child's name: \_\_\_\_\_ Child's personal ID no. \_\_\_\_\_

Name of school: \_\_\_\_\_ Borough: \_\_\_\_\_

### Parents with parental responsibility:

Both parents with parental responsibility must sign the consent form. You must hand in a separate consent form for each dose of vaccine. NB! If you have sole parental responsibility, only you need to sign, however, you must take documentation of sole parental responsibility to the vaccination centre.

#### Parent 1:

Full name (please write clearly): \_\_\_\_\_

Date and place: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**Consent to the dose of vaccine the child is now receiving:** (Insert "Yes" to consent)

Dose 1: \_\_\_\_ Dose 2: \_\_\_\_ Dose 3: (*only children with seriously compromised immune systems\**) \_\_\_\_

Signature: \_\_\_\_\_

#### Parent 2:

Full name (please write clearly): \_\_\_\_\_

Date and place: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

**Consent to the dose of vaccine the child is now receiving:** (Insert "Yes" to consent)

Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_ Dose 3: (*only children with seriously compromised immune systems\**) \_\_\_\_\_

Signature: \_\_\_\_\_

*\* Remember to bring medical documentation that your child is in the group with seriously compromised immune systems that is offered the third dose of the vaccine against COVID-19.*