

Letter of Consent and Authorisation for COVID-19 Vaccination

1 I, _____, _____ am the
(Name) (Passport Number)
parent/legal guardian¹ of _____
(Name of Child) (birth cert/identification no.)

2 I refer to the Ministry of Education's announcement dated 31 May 2021 regarding the administration of COVID-19 vaccine for children in Singapore, and the Annex providing information on the COVID-19 vaccine.

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 completed and signed a copy of the MOH Pfizer-BioNTech COVID-19 Vaccination Form 1, as attached.

4 I also hereby authorise _____,
(Name of Local Proxy) (Last 4 digits of Proxy NRIC)
(H/P: +65 _____), to arrange for my child/ward's COVID-19 vaccination
(Proxy's Local Contact No.)
appointment on my behalf.

Yours Sincerely,

Signature of Parent/Legal Guardian

Date

¹Delete as appropriate