



PARENTAL AUTHORISATION FOR THE COVID-19 VACCINE

I, the undersigned,

Parent 1: _____

Parent 2 (optional): _____

Social security number of the child or parent/legal guardian¹:

confirming that I act as a parent/legal guardian exercising parental authority², authorise
the vaccination centre _____

to vaccinate my child:

Last name: _____

First name: _____

Date of birth: _____

- against COVID-19³: Yes No
- to carry out a serological rapid diagnostic test: Yes No

authorise Mr/Ms⁴: _____

to accompany my child to be vaccinated.

Signed at _____

Date _____

Parent(s) signature(s)

¹ The same social security number must be used for both injections.

² Delete as appropriate.

³ In an exemption to article 371-1 of the French Civil Code, the COVID-19 vaccine may be given to a minor over the age of 16 at their request.

⁴ Complete only if the child is accompanied by a third party who does not have authority as a parent/legal guardian.