MADISON COUNTY HEALTH CARE SYSTEM
An Affiliate of MERCYONE

Madison County Memorial Hospital
300 W. Hutchings Street • Winterset, Iowa 50273
P 515-462-2373 • F 515-462-5132

Health Trust Physicians Clinic
300 W. Hutchings Street • Winterset, Iowa 50273
P 515-462-2950 • F 515-462-5105

Earlham Medical Clinic
125 W. 1st Street • Earlham, Iowa 50072
P 515-758-2907 • F 515-758-2892

COVID-19 VACCINATION ADMINISTRATION RECORD

(Please fill in all lines completely, printing the CHILD'S NAME as it appears on their insurance card.)

Last name _____ **First name** _____ **Middle Initial** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Doctor** _____ **Birth Date:** _____ **Age** _____

Circle one: Male or Female

Primary Insurance: _____ **Secondary Insurance:** _____

Has your child received COVID-19 vaccine before? Circle one: Yes No

Date first dose administered: _____

Date second dose administered: _____

READ THE STATEMENTS BELOW AND SIGN AND DATE THE FORM.
I have read or have had explained to me the information provided in the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Statement about COVID-19 vaccine. I have had a chance to have my questions answered.

- My child is not sick today.
- My child has not had Guillain-Barre Syndrome, a neurological disorder.
- I have read the Emergency Use Authorization (EUA) Factsheet or Vaccine Information Sheet about COVID-19 and have had any questions answered to my satisfaction.
- I understand the benefits and risks of COVID-19 vaccine and authorize the administration of the COVID-19 vaccine to child for whom I am authorized to make this request.
- I accept responsibility for seeking medical attention if a problem occurs after my child has been given this vaccine.

Parent / Legal Guardian Name (Print): _____

Parent / Legal Guardian Name (Sign): _____

FOR OFFICE USE ONLY

Date Administered: _____

Vaccine Manufacturer:

Lot # _____ **Expiration Date:** _____

Site of Injection (Deltoid): Left Right

Signature: _____

Entered into IRIS _____ **Cerner** _____ **Entered on Log** _____