

GALVESTON COUNTY HEALTH DISTRICT
Protecting and Promoting the Optimal Health and Well-Being of Galveston County

Jed Webb
Chairperson, United Board of Health



Philip Keiser, MD
Local Health Authority
Interim Chief Executive Officer

Full Name of Patient: _____

Date of birth: ____ / ____ / ____

Parent/ Guardian email: _____

I consent and agree to receive a vaccination/s for COVID-19 from Galveston County Health District (GCHD).

The vaccination will be for the [please initial] _____ Pfizer vaccine: *TWO doses*

You will be informed of when the second dose is available

_____ This consent is for both the first dose and the second dose of the two-dose vaccines.

Patient/ Guardian Initials I have been given written information about the vaccine and have had to opportunity
to ask questions and to have my questions answered.

MEDICAL CONSENT AND AUTHORIZATION

_____ In the event of an emergency or non-emergency situation requiring medical treatment
Patient/ Guardian Initials of the patient during the vaccination process, I/we, the undersigned parent(s)/ guardian(s) of the patient, give Galveston County Health District my/our consent and authorization for all medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the patient, including but not limited to administration of first aid, use of an ambulance, and transfer to a hospital.

REQUIRED FOR ALL PATIENTS

I attest that the information I have provided on this form is accurate and correct to the best of my knowledge. I hereby give my informed consent to the vaccination listed above. No warranty or guarantee has been made to me by the GCHD staff or contractors regarding the care or services that will be provided by GCHD. I certify that the services and care to be provided have been fully explained to me and my questions have been answered to my satisfaction.

_____ Full Signature of Patient / Parent or Legal Guardian

_____ Date

_____ Relationship to Patient

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)