

CONSENT FORM FOR OPTIONAL COVID-19 VACCINATION

The Dallas Independent School District (“District”) takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, the District is adding a voluntary opportunity for eligible students to receive a COVID-19 vaccine. In partnership with Parkland Health and Hospital System, the District will provide COVID-19 vaccinations to eligible students the week of June 28 for the first dose and the week of July 19 for the second dose.

Participation will only be with consent from the adult student, parent or guardian for eligible students. If you are willing to provide consent for Parkland Hospital to provide your eligible student to receive a COVID-19 vaccine, please fill out this form.

Parent/Guardian Information

Print Name: _____

Parent / Guardian Cell / Mobile #: _____

Parent / Guardian Email Address: _____

Student Information

Print Student Name: _____

Student School ID #: _____

Address: _____

School: _____

Date of Birth: _____

Age: _____

Grade Level: _____

Allergies: _____

Any Previous Reaction to Vaccination: _____

ACKNOWLEDGMENTS AND CONSENT

I attest that Student is (a) at least 18 years of age or (b) under 18 years of age but eligible to receive the Covid-19 vaccine and has parent, guardian consent to authorize the District to schedule the Covid-19 vaccine and allow Parkland Health and Hospital System to provide the Covid-19 vaccine. Further, I hereby give my consent to the District to provide the necessary demographic information to the licensed healthcare provider administering the vaccine to schedule the vaccination services for the COVID-19 vaccine. I understand that, prior to the appointment, I will complete all required medical forms required by the licensed healthcare provider administering the vaccine.

I acknowledge and understand there may be some risks associated with obtaining the Covid-19 vaccine, and I have consulted, or had an opportunity to consult with the Student’s medical provider on any existing medical conditions of Student and the potential impact of the COVID-19 vaccine on those conditions. I will assume the risk associated therewith, whether known or unknown to Student at this time. I recognize that my participation in obtaining the Covid-19 vaccine is **entirely voluntary and optional** for Student. I understand the District is **not** acting as Student’s medical provider. I agree I will seek medical advice, care and treatment from Student’s medical provider if I have questions or concerns, or if adverse side effects to the vaccine occur. I hereby waive, release, and discharge the District, its Board members,

officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided.

IN SIGNING BELOW, I ATTEST, ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Consent Form for Optional Covid-19 Vaccination and sign it voluntarily. No oral representations, statements, inducements, apart from the foregoing written agreement have been made.

IN SIGNING BELOW, I HEREBY AUTHORIZE Parkland Health and Hospital System to administer the COVID-19 vaccination to the named Student and to report the Student's vaccination to the Texas Immunization Registry as required by state law.

Parent / Guardian / Adult Student Signature: _____ Date:

Campus	Address	1 st Vaccination Date	Time	2 nd Vaccination Date	Time
W. W. Samuell High School	8928 Palisade Dr, Dallas, TX 75217	June 28, 2021	2:00 -6:00 PM	July 19, 2021	2:00 -6:00 PM
Emmett J. Conrad High School	7502 Fair Oaks Ave, Dallas, TX 75231	June 29, 2021	2:00 -6:00 PM	July 20, 2021	2:00 -6:00 PM
David W. Carter High School	1819 W Wheatland Rd, Dallas, TX 75232	June 30, 2021	2:00 -6:00 PM	July 21, 2021	2:00 -6:00 PM
James Madison High School	3000 Martin Luther King Jr Blvd, Dallas, TX 75215	July 1, 2021	2:00 -6:00 PM	July 22, 2021	2:00 -6:00 PM