

## COVID Vaccine Consent Form Instruction Sheet

Thank you for taking time to sign the CVS Pharmacy COVID Vaccine Intake Consent Form for your loved one who lacks capacity to make medical decisions and for whom you are the authorized representative.

Please find the following:

**FACT sheet related to the VACCINE.** For additional information, please refer to the CDC website at [www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html) and the CVS' website at [www.cvshealth.com/covid-19/vaccine-faq](http://www.cvshealth.com/covid-19/vaccine-faq).

### **COVID Vaccine Intake Consent Form**

1<sup>st</sup> page- Please fill out name of your loved one as neatly as possible in the section entitled "Patient Information."

2<sup>nd</sup> page- **After carefully reading the Consent for Services, Authorization to Request Payment and Disclosure of Records**, please sign under "Signature of patient to receive vaccine (guardian or authorized representative)" and complete the signature block by identifying:

- the date next to your signature
- your name under "Name of parent, guardian, or authorized representative"
- your phone number
- your relationship to the resident

*Please write legibly.*

Once completed please leave the completed consent form with the Security team, who will arrange for delivery of the consent form to the Amsterdam team member who will provide it to the CVS pharmacist who will be administering the vaccinations.

If you have any further questions, please feel free to reach out directly to your loved one's Social Worker.