**COVID-19 Vaccination Consent Form**

Team Member/Resident Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Yes, I wish to be administered the COVID-19 Vaccination. I have read the attached information sheet and understand the possibility of side-affects following. I understand this is a two-part vaccination and agree to receiving both doses approximately 21 days apart.

**Those selecting yes to receiving the vaccine should also fill out the attached consent from Walgreens pharmacy and return it along with this consent form to:**

**Quarryville Presbyterian Retirement Community**

**Attn: Healthcare Coordinator**

**625 Robert Fulton Hwy**

**Quarryville, PA 17566**

\_\_\_\_\_\_ No, I do not wish to be administered the COVID-19 Vaccination.

\_\_\_\_\_\_ I have questions or would like more information before I consent to being given the vaccine.

You may contact the Quarryville Presbyterian Retirement Community at any time if you have any questions or wish to change your response. Please ask for Mark Smeltzer, Administrator or Heather Wagner, DON should you have any questions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Team Member or Resident Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Representative Signature (if needed) Date

\*\*A legal representative must sign on behalf of the resident or team member if they are under the age of 18 or do not have the capacity to make decisions on their own behalf.