

Authorization to Administer COVID-19 Vaccine in Absence of Parent/Legal Guardian

I, _____, _____,
(Parent/Legal Guardian Name) (Relationship to child)

hereby authorize _____ (Name of Adult 18 years or older)

to bring my child, _____ (Child's Name),
to the Premier Drugstore, Douglasville, Georgia or its affiliates (to include a DCSS school),
vaccine appointment and authorize Premier permission to administer the COVID-19 Vaccine to my
child in my absence.

Signature of Parent or Legal Guardian

Date

Address

Phone Number (cell phone preferred)

Child's Date of Birth:

Age