

## COVID-19 VACCINATION CONSENT FORM

### 01. STUDENT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_ natural parents/legal guardians of the above-named student, hereby authorize our child to take the COVID-19 vaccine and any booster shots in the United States, if available, while participating in ExchangeMate's High School Program.

### 02. WAIVER OF LIABILITY

We understand that currently, Pfizer is the only COVID-19 vaccine product that has been fully approved and licensed by FDA. This FDA approval and license is for use in individuals 5 years of age and older only. We understand that this product (other than Pfizer for usage in ages mentioned above only) has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 5 to 17 years of age (Pfizer only) or 18 years of age and older (Pfizer, Moderna, or Johnson and Johnson); and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.

We understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine.

On behalf of ourselves and our child, we hereby release and hold harmless ExchangeMate, its officers and directors, employees, coordinators, local partners and representatives, school, international agent and host family from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the COVID-19 vaccine in our child

#### NATURAL PARENT/GUARDIAN 1:

Full Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### NATURAL PARENT/GUARDIAN 2:

Full Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGENT/NOTARY SEAL

