

Administrative Offices

Dr. Kristen E. Stringfellow, Ed.D. Superintendent of Schools
Tamara Gloster Assistant Superintendent of Schools

90 Town Street, Norwich, Connecticut 06360-2324
Telephone 860-823-6284 Fax 860-823-1880

Jamie H. Bender Director of Student Services & Special Education
Robert Sirpenski Business Administrator

Pediatric COVID clinic for students age 5-11

If you would like your child to be vaccinated, please complete the following information and return it to the school as soon as possible to receive an appointment:

Student Name: _____

Date of Birth: _____

Parent/Guardian
Name: _____

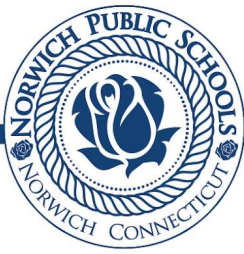
- Please check here if you are planning on attending in person with your child.

(Your child may be accompanied by 1 parent or guardian.)

If you are not planning on attending in person please sign your written consent below:

Print Name

Please provide a good telephone number so that we can reach you to inform you about your appointment time:



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Patient Acknowledgement and Attestation Form for Pediatric COVID-19 Vaccination

I understand and agree to the following as part of my receiving the COVID-19 vaccine from Griffin Hospital:

- There is no co-payment or out of pocket expense to me.
- Griffin Hospital has received the vaccine at no cost and will not submit any bills or invoices seeking payment for the cost of the vaccine.
- I agree and consent to receive the COVID-19 vaccine and acknowledge that the risks, benefits, and alternatives have been explained to my satisfaction. I understand the COVID-19 vaccine has potential side effects. I understand there is a remote risk of more severe or unexpected side effects. I understand that the emergency use of the COVID-19 vaccine has been authorized by the United States Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA).

Release of confidential information: I understand that my health care information is confidential and is protected from disclosure by law, but that it may be used for treatment, payment of services provided, and healthcare operations.

Assignment of benefits: I assign to Griffin Hospital and/or any physician, entity, or organization providing medical services to me any and all benefits, including payment, to which I may be entitled. Payments include those from any government agency, insurance carrier, or others financially responsible for the medical care rendered to me or my dependent.

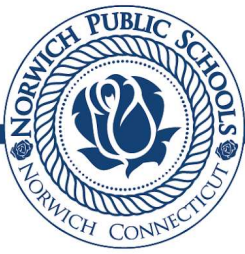
Attestation: By signing this form I attest that I meet the State of Connecticut vaccination eligibility requirements.

Student Name

Patient Signature or Responsible Person

Date/Time

Responsible Person's Relationship to patient (if applicable)



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Pediatric COVID-19 Vaccination Intake Form

Student Name: _____

Gender: _____ **School:** _____

Address: _____

City/State: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Relationship to student: _____ **Phone Number:** _____

E-mail: _____

Race (Optional) circle one: American Indian/Alaska Native Native Hawaiian or other Pacific Islander

Asian White Black or African American Other

Ethnicity (Optional) circle one: Hispanic/Latino Not Hispanic/Latino Unknown

For Office Use Only:

- VAMS
- 3rd Party
- Attestation _____

Nurse Name: _____

Billing Procedure Code Number: _____

Date: _____ Lot Number: _____ Injection Site: _____

	Pfizer Vaccine 1st Admin	
	Pfizer Vaccine 2nd Admin	

- Shelton Site
- Naugatuck Site
- Mobile Off-Site
- Mobile-35 Cars, Location: _____