

**Letter of Consent and Authorisation for COVID-19 Vaccination**

1 I, \_\_\_\_\_, \_\_\_\_\_, am the  
*(Name)* *(Passport Number)*  
parent/legal guardian<sup>1</sup> of \_\_\_\_\_,  
*(Name of Child)* *(birth cert/identification no.)*

2 I refer to the Ministry of Education’s announcement dated 31 May 2021 regarding the administration of COVID-19 vaccine for children in Singapore, and the Annex providing information on the COVID-19 vaccine.

3 I consent for my child/ward to receive both doses of the COVID-19 vaccine in Singapore. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have completed and signed a copy of the MOH Pfizer-BioNTech COVID-19 Vaccination Form 1, as attached.

4 I also hereby authorise \_\_\_\_\_, \_\_\_\_\_,  
*(Name of Local Proxy)* *(Last 4 digits of Proxy NRIC)*  
(H/P: +65 \_\_\_\_\_), to arrange for my child/ward’s COVID-19 vaccination  
*(Proxy’s Local Contact No.)*  
appointment on my behalf.

Yours Sincerely,

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

<sup>1</sup>Delete as appropriate