



Northeast Nebraska Public Health Department

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Toll Free (800) 375-2260

I the undersigned, for my minor child, hereby consent to a COVID-19 vaccination. I understand a member of the Northeast Nebraska Public Health Department (NNPHD) staff or volunteer, trained in the procedures will perform the vaccination. I agree and acknowledge that NNPHD or any of its volunteers or partnering agencies, are not liable for the actions or omissions of, or the instructions given by the staff, volunteers, or partnering agencies who perform the vaccine.

Name of Child (Please Print)

Child's Date of Birth

Signature of Parent/Guardian

Date