



## COVID-19 VACCINATION RESPONSIBLE PARTY CONSENT FORM FOR ADDITIONAL COVID VACCINATION

**Resident or Patient Information: (PLEASE PRINT)**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** Masonic Village at Burlington ~ 902 Jacksonville Road ~ Burlington, NJ 08016

**CONSENT FOR SERVICES:** I have been provided or can request the Vaccine Information Sheet corresponding to the vaccine that the individual named above will receive. I have read the information provided about the vaccine they are about to receive. I have had the chance to ask any questions and they were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I understand if they experience side effects the facility will contact the doctor, contact the pharmacy, and/or call 911. A screening form was completed, and the health care provider did not identify condition(s) that would mean they cannot receive the vaccine.

**DISCLOSURE OF RECORDS:** I understand that the Masonic Village at Burlington may be required or may voluntarily disclose health information to the physician responsible for the vaccination protocols, a Primary Care Physician (if they have one), health systems or hospitals, and/or state or federal registries, for purposes of treatment, payment or other health care operations (such as administration or quality assurance). I also understand that Masonic Village at Burlington will use and disclose this health information as set forth in our Notice of Privacy Practices.

**IF YOU ARE LEGALLY RESPONSIBLE FOR THE RESIDENT LISTED ABOVE, PLEASE PROVIDE THE FOLLOWING:**

Print Name of Responsible Party (Self) or Power of Attorney	Relationship	Date
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Signature of Responsible Party or Power of Attorney Name	Phone Number
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Verbal Consent Provided by \_\_\_\_\_

Verbal Consent Witnessed by:

Signature	Print Name
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Signature	Print Name
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