

**Consent form for legal guardians****Covid-19 vaccination of young people aged 12 and over at the secondary schools of Basel-Landschaft**

- Please complete and sign this form and give it to your daughter/son to take to school on the day of Covid-19 vaccination. Thank you!

**Personal details of the child (as spelled on his/her identity card, passport or residence permit for foreign nationals):**

Surname:	
First name:	
Date of birth:	
Sex:	
Street, number:	
Zip code, town:	
School class:	
Mobile phone number:	

**Please tick yes if you want your daughter/son to be vaccinated against Covid-19 at school:**

<input type="checkbox"/>	<b>Yes, we consent to our daughter/son being vaccinated against Covid-19 at school.</b>
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- If you do **not** want your daughter/son to be vaccinated against Covid-19 at school, you do not need to do anything further.

The undersigned confirms the accuracy of the information provided:

Place, date:

**Name and signature of at least one legal guardian:**

Surname, first name:

Signature:

Surname, first name:

Signature: