



**REPUBLIC OF CYPRUS
MINISTRY OF HEALTH**

NATIONAL VACCINATION PLAN FOR COVID-19

**WRITTEN CONSENT DOCUMENT OF PARENTS / LEGAL GUARDIANS
FOR VACCINATION OF MINORS AGAINST COVID-19ⁱ**

PART I: PERSONAL DATA OF MINOR

Name :..... Surname.....

Date of Birth:...../...../.....

Identification Card Number (ID No.) or ALIENS REGISTRATION CARD NUMBER (ARC)ⁱⁱ:
.....

Residence Address:....., No.:, City/Village:.....

Postal Code:....., District:.....,

Telephone No.:, E-mail:.....

**PART II: RESPONSIBLE DECLARATION OF CONSENT OF PARENTS/LEGAL GUARDIANS OF THE
MINOR**

I declare that I consent to the electronic arrangement of an appointment and vaccination of my child for COVID-19. The vaccine is used for the prevention of COVID-19 disease. It stimulates the physical production of antibodies from the body and the cellular immune response to protect against disease.

By arranging the appointment, I confirm that:

1. I fully understand the advantages of the vaccination and the risks stemming from not being vaccinated. As in the case of all medicines and vaccines, with the use of the vaccine for COVID-19 prevention, side effects might occur, most of which are mild, short term and do not occur in all people.
2. I understand that in the rare case of anaphylaxis, emergency treatment will be provided.
3. I have been informed that the vaccine cannot be used in case of an allergy to the active substance or to any of its components.
4. I have consulted with the Personal Doctor of my child in case he/she happens to have at least one of the following:
 - Serious illness with high fever
 - Weakened immune system as a result of HIV infection or a drug that affects the immune system
 - Bleeding problems, easily bruising or using anticoagulants
 - A severe allergic reaction in the past
 - Is taking or has recently taken other medicines or has been administered another vaccine recently who has agreed with the administration of the vaccine.

A. Name and Surname of parent/legal guardian: ID no ή ARC ⁱⁱ

Telephone No.:,

Signature:

B. Name and Surname of parent/legal guardian: ID no ή ARC ⁱⁱ

Telephone No.:,

Signature:

PART III: PERSONAL DATA

The content of the present document is governed by the provisions of the Regulation (EU) 2016/679 of the European Parliament and the Council of the 27th of April 2016, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and the «Law on the Protection of Physical Persons Against the Processing of Data of Personal Character and the Free Movement of Data of 2018 (L.125(I)/2018)».

ⁱ The document shall include the vaccination consent for the minor from both parents/legal guardians, except if legally (with the submission of relevant Court Decision) this is not necessary.

ⁱⁱ The identification document of the minor as well as of his/her accompanied parent/legal guardian must be presented during the Vaccination of the minor to the vaccination Centre.