

**REPUBLIC OF CYPRUS**

**MINISTRY OF HEALTH**

**NATIONA VACCINATION PLAN FOR COVID-19**

**WRITTEN CONSENT DOCUMENT OF PARENTS / LEGAL GUARDIANS**

**FOR VACCINATION OF MINORS AGAINST COVID-19[[1]](#endnote-1)**

**PART Ι: PERSONAL DATA OF MINOR**

Name :…………………………………… Surrname………………………………………………………...

Date of Birth:……/……../………..

Identification Card Number (ID No.) or ALIENS REGISTRATION CARD NUMBER ( ARC)[[2]](#endnote-2): …………………………..................

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

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

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

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

I declare that I have consent to the electronic arrangement of an appointment and vaccination of my child for COVID-19. The vaccine is used for prevention from 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 risk enclosed from not been 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 allergy to the active substance or to any of its components.

4. I have been consulted the Presonal Doctor of my child in case he/she appers having one of the followings:

* 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
* Has had servere allergic reaction in the past
* He / she is taking or has recently taken any other medicines or any other vaccines.

who has agreed to the vaccine.

Α. 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(Ι)/2018)».

1. 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. [↑](#endnote-ref-1)
2. The identification document of the minor as well as of his/her accompanied parent/legal guardian must be presented during the Vaccination of teh minor to the vaccination Centre. [↑](#endnote-ref-2)