

I have received the current Vaccine Information Statement(s) for the requested vaccine(s) and have read or have had explained to me the information about the requested vaccine(s). I have had a chance to ask questions that were answered to my satisfaction. I certify that I am (i) the patient and at least 18 years old, (ii) the parent or legal guardian of the minor party, or (iii) the legal guardian of the patient and hereby give my consent to the staff at Sloan's Pharmacy to administer the vaccine(s) requested above. I understand that it is not possible to predict all possible side effects or complications associated with vaccines. I understand the benefits and risks of the requested vaccine(s) and request that it be given to me or to the person named below for whom I am authorized to make this request. Further, I acknowledge that I have been advised to remain near the vaccination location for approximately 15 minutes after administration for observation by the pharmacist.

I authorize Sloan's Pharmacy to report the administration of this immunization to the state immunization registry, to receive pre-appointment or missed appointment reminder notifications from the state immunization registry, and to have screening data entered into the state immunization registry to help ensure age-risk appropriation and detect potential problems and to ensure follow up treatment.

I hereby and for my heirs, executors, administrators, successors and assigns release, acquit and forever discharge Sloan's Pharmacy, its subsidiaries and affiliates, and each of their agents, employees, officers, directors, servants, successors, heirs, executors, and administrators, (collectively, "Sloan's Pharmacy"), of and from any and all claims, actions, causes of action, demands, rights, damages, injuries and property damage and the consequences thereof resulting or to result from the immunization. If the below vaccine(s) are administered at an off-site clinic, by signing I authorize Sloan's Pharmacy to release immunization record(s) to my employer upon request. I acknowledge that I have read this release form prior to signing it and that I understand its contents. I understand and agree that I will not be able to sue the physician who approved the protocol or Sloan's Pharmacy for any injury or property damage I may suffer as a result of the immunization.

Patient Signature:

Date:

Immunizer Signature:

Administration Date:

Pharmacy Use Only

VACCINE GIVEN:

Vaccine	NDC	Dose	Lot#	Exp. Date	Site of Admin.	Route of Admin.
COVID-19 Moderna	80777-0273- 98	0.25mL			LA RA	Intramuscular