

Attention: Ritsumeikan Trust

## COVID-19 Vaccination Guardian Consent Form

As the guardian of the student indicated below, I confirm that I have read the attached “COVID-19 Vaccination Instructions”(https://www.mhlw.go.jp/content/000782621.pdf) and understand the effects and possible side-effects of the vaccine, and I hereby consent to let the student indicated below receive the COVID-19 vaccine manufactured by Takeda/Moderna at Ritsumeikan University.

I also agree that in the event of an adverse reaction after vaccination, the student may receive medical attention and treatment at the discretion of a physician.

\_\_\_\_\_ (YYYY) / \_\_\_\_\_ (MM) / \_\_\_\_\_ (DD)

[Vaccination]    **1st**    ▪    **2nd**       \* Please circle one.

[Guardian]

Address: \_\_\_\_\_

Name (Signature): \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

[Student Receiving Vaccination]

Name (Signature): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (YYYY) / \_\_\_\_\_ (MM) / \_\_\_\_\_ (DD)

College:

Year Level:    Student ID No: