

A Power of Attorney Letter for COVID-19 Vaccines to Children Aged 5 - 11

I understand that I am formally required to accompany the child named at the top of this form for a COVID-19 vaccine; however, for an unavoidable reason, I hereby designate the person named below to accompany the child for the COVID-19 vaccine on my behalf .

My proxy and I have read the vaccine fact sheet and fully understood the benefits and possible side-effects of the COVID-19 vaccine. By signing my name below, I agree that the child will receive the COVID-19 vaccine.

Date: Reiwa yy mm dd

Vaccination Type: COVID-19 Vaccination

Child's Full Name:

(Parent/Guardian)

Full Name:

Home Address:

Contact Number:

(Proxy)

Full Name:

Home Address

- ※In principle, a parent/guardian is required to accompany their child for a COVID-19 shot.
- ※Be sure to fill out this form, if you want to designate someone as a proxy to accompany your child for a COVID-19 shot.
- ※This power of attorney letter will be shared with Hikone City along with the pre-vaccination check sheet.