



**Vaccination campaign COVID 19 for schools of the federal state of Salzburg
authorized by the Department of Education of Salzburg
for all pupils, completing the age of 12 by September 20th 2021 ¹**

Declaration of consent

Pupil's first name and surname

Parent's / legal guardian's first name and surname

Address

I declare that I agree to

- a) my child participating in the vaccination campaign of the federal state of Salzburg
- b) supervision through the teachers during the vaccination and, in case of use of a vaccination bus, also during travel time

location/date

parent's/legal guardians's signature

¹ children, who are born on September 21st have completed the age of 12 September 20th