



## COVID-19 Vaccination Clinic for Children 5-11 Years Old

Through a collaborative partnership with St. Luke's University Health Network, the Palmerton Area School District is providing an on-site, COVID-19 vaccination clinic. This COVID-19 vaccination clinic is available to all PASD students who are 5-11 years old and any other children in the community who are in the designated age bracket. Please note that this clinic will not be providing vaccinations to adults or children who are outside of the specified age range.

### Dates & Times:

- Shot #1 (initial vaccine): Tuesday, December 7, 2021 from 3:30-5:30 p.m.
- Shot #2 (second dose): Monday, January 3, 2022 from 3:30-5:30 p.m.

Note: Both shots are required to be considered fully vaccinated.

### Appointments:

Vaccinations will be given by appointment only. To schedule an appointment, please call Leanne Samok at 484-464-9458.

### Clinic Location:

Parkside Education Center's Cafeteria  
680 Fourth St.  
Palmerton, PA 18071

To enter the vaccination clinic, please use the main basement door of the building. The door is located down the ramp near the back parking lot of the building. There will be signs on the door to assist you.

### Additional Information:

All students must be accompanied by a parent or legal guardian.



## Acknowledgement for COVID-19 Vaccination

Must be signed by parent or legal guardian in order to be VACCINATED.

Please print patient's full name, legibly in uppercase.

First Name:

Last Name:

Date of birth:  /  /

- [Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet](#)

By signing this form, I attest that I am the custodial parent or legal guardian of the above named minor and give my permission for the COVID-19 VACCINE to be administered to them. Further, I agree that I have read the information about the VACCINATION or someone has explained it to me; I understand the risks and benefits of being VACCINATED and any questions I had about COVID-19 VACCINATION have been answered.

1. I have read the COVID-19 Vaccine EUA Fact Sheet provided, and
2. I understand that the COVID-19 vaccine should be separated from other vaccines by at least 14 days, and
3. I authorize St. Luke's University Health Network/Geisinger St. Luke's to administer the COVID-19 vaccine to my minor child

Signature of parent or guardian \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

Relationship to minor (Mother, Father, Legal Guardian) \_\_\_\_\_

Today's Date \_\_\_\_\_