

COVID-19 Vaccination - No Consent Form

This form relates to families and guardians wishing to register **no consent** to receiving the COVID-19 vaccination, for their family member or person under their legal guardianship.

Section 1: Participants Details

First Name:	Surname:	
Preferred Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Section 2: Parental or Guardian 1

First Name:	Surname:
Email address:	
Postal Address:	

Parental or Guardian 2 (if applicable)

First Name:	Surname:
Email address:	
Postal Address:	

Section 3: Providing No Consent

I/we do not give consent for this person under my/our care or legal guardianship, to receive the COVID-19 vaccination.

Signature of Acknowledgement

By signing this form, I confirm and agree to the following:

- The information I have provided is true and correct.
- I am the person's legal guardian or legal substitute decision-maker.
- I understand that I can change this consent at any time by advising Windgap by email at info@windgap.org.au or by calling (02) 8337 3600.

Full Name:	Signature:	Date:
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Full Name:	Signature:	Date:
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