

## COVID Vaccination Clinic Transportation Request

I will need, and give my permission for, my child(ren) to be transported from their home to the school and back home on June 16, 2021 for the purpose of participating in the second administration of the Pfizer Vaccine.

Child(ren)s name (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pick Up Address: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature : \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Please return this form with the vaccination permission form to your child's school by May 22, 2021**