Summa Health COVID Mass Vaccination Clinic
Consent for Treatment of Minors

Summa Health System’s Center for Corporate Health / Employee Health has my consent to provide the following services to my child/guardianship:

Services to be provided: ________________________________________________________________

Minor’s Name: _____________________________________________________________________

Proof of age is required (circle one):  State ID
Birth Certificate
Other: __________________

As the parent/guardian of the above named minor, I release the Summa Health System, its physicians, employees and agents from any claim of unlawful invasion of the person of the minor predicated on the consent to perform the procedure in question.

In the case of an injury to the above named minor, I give my consent for Summa Health System, its physicians, employees and agents to render emergency and other necessary medical treatment. As the parent/guardian of the above named minor, I release the Summa Health System, its physicians, employees and agents from any claim of unlawful invasion of the person of the minor predicated on consent to perform the emergency or other medical treatment.

Parent / Guardian Name: ___________________________________________________________________

Parent / Guardian Signature: ___________________________________________________________________

Date of Signature: ___________ Parent’s / Guardian’s Date of Birth: ___________

Relationship to Minor: ________________