Mower County Public Health and Mayo Clinic are happy to announce a partnership to bring the COVID Vaccine (Pfizer) to those 12 years and older!! This clinic will be located at the Southland School Gym in Adams.

Please see the attached link to sign up your child (or anyone else in need of the vaccine aged 12 or older).

For those under the age of 18 there is an attached consent form that needs to be signed by the child's parent or guardian.

https://www.signupgenius.com/go/8050949A8AC2FA3FF2-southland

Vaccine Clinic Information:
First Dose Clinic:
Day: Wed, May 19th
Time: 9am – 10:20am (time can be extended if interest is there)
Location: Southland School Gym

Second Dose Clinic:
Day: Wed, June 9th
Time: 5pm – 6:20pm (time can be extended if interest is there)
Location: Southland School Gym

Please NOTE:
If someone has completed COVID-19 vaccination (two doses in a two-dose series or one dose in a one dose series) and is **exposed**, they **do not need to quarantine** if ALL of the following are true:
♣ The COVID-19 exposure was at least 14 days after their vaccination series was fully completed.
♣ They do not currently have any symptoms of COVID-19.

Frequently Asked Questions about the Vaccine:

Mayo Clinic: COVID-19 Vaccine Myths Debunked
CDC: Benefits of Getting a COVID-19 vaccine

At this time, the COVID-19 vaccine is not mandated by federal or state law, but strongly encouraged by Mayo Clinic, Mower County Public Health and the Minnesota Department of Health. For every person vaccinated, it brings our community closer to the 80% mark that would slow the spread of the disease.

For additional resources on the COVID-19 vaccine in multiple languages, visit the United Way of Mower County COVID-19 "Get It" website.

If you have any questions about sign up or the vaccine, please feel free to reach out to Chris Weis, Community Health Specialist with Mower County, she would be happy to assist! Contact information is below:
Chris Weis
507-440-9240
chrisw@co.mower.mn.us

MAYO CLINIC

Consent to Treat Unaccompanied Minor

Form content retained in medical record.
Route to HIMS Scanning.

TO BE SCANNED

(complete fields or place patient label here)

Patient Name *(First, Middle, Last)*	
Birth Date *(mm-dd-yyyy)*	Room Number (if applicable)
Mayo Clinic Number	

Instructions: It may be more convenient to have prior authorization in place so that medical care may be delivered directly to minors if a parent or legal decision maker cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child. This consent applies only to routine medical care (for example, general examinations, vaccinations, minor illnesses) and does not authorize invasive diagnostic or treatment procedures, which require specific consent, absent an emergency. Be advised that protected patient health information may be shared with the designated decision maker to facilitate informed decision making.

Authorization

I/We have the legal right to preauthorize this facility to deliver medical treatment to my/our child. I/We request and authorize (provider or health care facility) _____ and its personnel to deliver medical care to my/our child listed below:

Child Name *(First, Middle, Last)*	Birth Date *(mm-dd-yyyy)*
Medications	
Allergies	
Our family receives ongoing care from (provider or health care facility)	

Limitations

Identify the type of medical services for which this authorization is given.

_____

Identify the time frame for this authorization **From** _____ *(mm-dd-yyyy)* **Through** _____ *(mm-dd-yyyy)*

(This consent will be valid for one year from date of signature unless stated differently.)

I/We understand I/we may revoke this consent at any time in writing to (provider or health care facility):

_____

Contact Information

If urgent medical care is needed, first try to contact me/us regarding the health care of my/our child at the following phone number(s). If you are unable, for any reason, to contact me/us, then you may rely on the designated decision maker for consent.

Parent 1 Phone(s)			**Parent 2 Phone(s)**		
Daytime	Evening	Mobile	Daytime	Evening	Mobile

Signatures

Parent or Legal Guardian 1 Signature ▶	Date *(mm-dd-yyyy)*	Time *(hh:mm)* ☐ am ☐ pm
Parent or Legal Guardian 1 Printed Name *(First, Middle, Last)*		
Parent or Legal Guardian 2 Signature ▶	Date *(mm-dd-yyyy)*	Time *(hh:mm)* ☐ am ☐ pm
Parent or Legal Guardian 2 Printed Name *(First, Middle, Last)*		

☐ Phone Conversation with parent or legal guardian	Clinic Representative Signature ▶	Date *(mm-dd-yyyy)*
	Clinic Representative Printed Name *(First, Middle, Last)*	Time *(hh:mm 24-hour clock)*

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.

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