



**Pediatric Special Needs Caregiver Attestation**  
**for COVID-19 Vaccination**

Eligible caregivers are limited to:

1. **Children enrolled in the Medically Complex Children’s Waiver**  
**Or**
2. **Children with tracheostomy**  
**Or**
3. **Children that are ventilator dependent**

The following caregivers are medically necessary for the care of this child,

\_\_\_\_\_ (DOB \_\_\_\_\_) due to the complexity of their  
medical condition.

1. \_\_\_\_\_

2. \_\_\_\_\_

I am the Waiver RN/APP or Physician caring for this patient and attest to the necessity of these caregivers receiving COVID-19 vaccination.

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

Date: \_\_\_\_\_

**Please be prepared to show this form at the vaccine site.**

**Please bring a Photo ID.**