



## CONSENT FORM

“I, \_\_\_\_\_ (**Consent Provider Name**), residing at \_\_\_\_\_, the data principal \_\_\_\_\_ (Mother/Father/Guardian), understand that U-WIN portal may collect my and/or my child’s personal sensitive information (name, child’s name, date of birth, gender, ID number, mobile number etc.) strictly to register and manage vaccination appointments, vaccine administration, database management and certificate generation.

1. I understand that my and/or my child’s personal data may be collected only with my valid consent, and that it may be used or processed only in accordance with the Digital Personal Data Protection Act, 2023.
2. I understand that I have certain rights that I enjoy as a data principal over mine and/or my child’s personal data, in relation to its collection, use and processing. These rights relate to confirmation and access, correction and erasure, objection of disclosure, and portability of such personal data. These rights are available to me in the manner set out in the DPDP Act, 2023 and the Privacy Policy issued by Ministry of Health and Family Welfare.
3. I understand that I can withdraw my consent for all or any of the purposes at any time by and on withdrawal of my consent, the processing of my shared information will stop, however, any personal data already been processed shall remain unaffected on such withdrawal of consent.
4. I am also aware that my and/or my child’s personal information may be used and/or shared for purposes of providing services/benefits as may be notified by Government of India.
5. I am aware of the risks and benefits of the vaccine(s) to be administered. I consent to the administration of the vaccine(s), to my child.

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Name of the child \_\_\_\_\_ aged \_\_\_\_\_ years.

Relationship with the child (Mother/Father/Guardian): \_\_\_\_\_  
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Signature: \_\_\_\_\_

Consent Form is signed by (Name): \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Place: \_\_\_\_\_