

**CONSENT TO COVID-19 VACCINATION
AND RELATED TREATMENT FOR MINOR**

This consent is required to vaccinate minors (individuals under the age of 19 who are unmarried or unemancipated).

Minor Name: _____	Date of Birth: _____
Minor Address: _____	
Emergency Contact: Name: _____ Relationship to Minor: _____ Phone Number: _____	
I am	<input type="checkbox"/> the Minor's parent <input type="checkbox"/> the Minor's legal guardian
	<input type="checkbox"/> Other Authorized Person with legal authority to make healthcare decisions for the minor (describe nature of legal authority)

I confirm my understanding of and agreement with the following statements:

- The minor is 12 years of age or older.
- I have the legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor as indicated above.
- I understand that the U.S. Food and Drug Administration ("FDA") has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
- I have been provided a copy of and have read the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers (Read the Fact Sheet at <https://www.fda.gov/media/144414/download>).
- I understand the known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that I have the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine on behalf of the minor.
- I understand that the Pfizer-BioNTech COVID-19 Vaccine is a two-part vaccine series.
- I consent to and authorize all medically necessary treatment in the rare event that the minor has a reaction to the vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
- The minor and I agree that the minor will remain in the observation area for the required time after the vaccine dose is administered.
- I consent to the administration of two separate doses of Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks apart to the minor named above.

Printed Name of Parent, Legal Guardian, or Other Authorized Person Date

Signature of Parent, Legal Guardian, or Other Authorized Person Date