



Parent or Guardian Consent for Minor Vaccination

I have reviewed the information on risks and benefits of the Pfizer COVID-19 Vaccine above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form, and I understand that the “Fact Sheet for Recipients and Caregivers,” includes more detailed information about the potential risks and benefits of the Pfizer COVID-19 Vaccine.

2. I have the legal authority to consent on behalf of the child/minor named below to vaccination with the Pfizer COVID-19 Vaccine.

3. I understand I may not be required to accompany the child/minor named above to their vaccination appointment and that, by giving my consent below, the child/minor will receive the Pfizer COVID-19 Vaccine whether or not I am present at the vaccination appointment.

I GIVE CONSENT for the child/minor named at the bottom of this form to get vaccinated with the two-dose Pfizer COVID-19 Vaccine and have reviewed and agree to the information included in this form. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed (If this consent is not signed, dated and returned, the child/minor will not be vaccinated.)

Minor's Name

Date of Birth

Relationship to minor

Guardian (printed name)

Guardian (signature)

Date