

# COVID-19 Pfizer Vaccine Consent Form – Parent/Guardian Consent

## Acknowledgement & Signature:

On behalf of my minor child under 18 years of age, I have read the applicable Emergency Use Authorization (“EUA”) Fact Sheet at the link set forth below for the vaccine that will be administered to my child. I have had the opportunity to ask any questions I may have which were answered to my satisfaction. I understand the benefits and risks associated with the vaccine and I voluntarily consent for my child to take the vaccine. I acknowledge that it is recommended that my minor child wait at site of the vaccination for at least 15 minutes after receiving the vaccination to assure there are no adverse side effects. I acknowledge that if my minor child is under 14 years of age, my minor child must be accompanied by a parent or guardian at the time of vaccination.

**Pfizer - BioNTech EUA Fact Sheet: Will update once new EUA is released**



|  |             |
|--|-------------|
| Print Name of parent or guardian: _____          |             |
| Print Name of minor child: _____                 |             |
| Emergency Contact if different from above: _____ |             |
| Emergency Contact phone number: _____            |             |
| Signature of parent or guardian: _____           | Date: _____ |

