

CONSENT FOR MINOR VACCINATION FORM (Pfizer BioNTech COVID-19 vaccine ONLY)

Medical staff providing vaccinations to minors must have consent from a parent or guardian before providing services to minors. Pfizer BioNTech COVID-19 vaccine is approved for ages 12 and older. If a parent or guardian is not able to accompany the minor, this form can be used to allow the youth to receive the vaccine.

Pfizer Vaccine recipient Information:

Vaccine recipient Name: _____

Vaccine recipient Date of Birth: ____ / ____ / ____

Address: _____

By signing this form I acknowledge that:

- I have read the Fact sheet for recipients and caregivers Emergency use authorization (EUA) of the Pfizer-Biontech COVID-19 vaccine to prevent coronavirus disease 2019 (COVID-19) in individuals 12 years of age and older
- I am aware that my child's immunization data will be entered in the WAHIS system
- I authorize that this vaccine may be given to the person listed as the vaccine recipient
- If I am not accompanying my child during the vaccine, I will be available at the phone number listed in case the Health care provider wants to speak to me
- I authorize that the recipient listed may receive any additional health care services deemed necessary by medical staff onsite in the event of an adverse reaction following the vaccination including referral of care and emergency transportation to any other health care agencies as deemed necessary by the Vaccination Site Health Care Provider. This authorization does not allow services to be rendered without the youth's consent, unless they are unable to consent.

Signature of parent or legal guardian

Date

Name of Parent or legal guardian – print

Parent Phone: _____