



Informed Consent for minor receiving Pfizer COVID-19 vaccine

I am unable to accompany my child or legal ward to the vaccine clinic. I give my permission for _____ to bring my child in for the vaccine.

I have already reviewed and have access to the [Emergency Use Authorization Fact Sheet](#) or [Understanding the Fact Sheet](#) regarding the Pfizer COVID-19 vaccine. If I need more information about the vaccine or vaccine process, the person who brought my child in will reach me by phone to talk to a vaccinator.

Please check one of the following

_____ I have printed / completed the screening questionnaire and it will be brought in with the child

_____ The person who brought my child has the medical information needed for the screening questionnaire or can reach me for more information

_____ I will be available at this phone number to answer questions _____

I understand the risks and benefits of the vaccine and give my consent for my child to receive the Pfizer BioNTech vaccine under emergency use authorization.

Child's name

Child's Date of birth

Parent or legal guardian name

Signature

Today's date

If consent is given by phone, ensure that the parent / guardian understands the material in the "Understanding the Fact Sheet"

Clinic staff name

Clinic staff signature

Today's date

Clinic staff name

Clinic staff signature

Today's date

Note: An adult needs to stay with the youth during the entire vaccine process