
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 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 completed the screening questionnaire on-line (allergies / other health conditions / etc)
- _____ 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 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 full name

Child's Date of birth
(child must be at least 12 years of age)

Parent or legal guardian name

Signature

Today's date