



## CONSENT FOR TREATMENT OF A MINOR

\_\_\_\_\_  
Minor Patient's Name ("Minor Patient")

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

To facilitate the treatment and medical care of the Minor Patient by Direct Urgent Care, Inc., and/or Carbon Health Medical Group, Inc., (collectively "Carbon Health"), the undersigned parent, legal guardian or other person with legal responsibility for the Minor Patient hereby agree as follows:

- I am the parent, legal guardian or other person with legal responsibility for the Minor Patient, and I am authorized to make health care decisions on behalf of the Minor Patient.
- I authorize the healthcare providers at Carbon Health to engage in the following acts, even in my absence:
  1. **Administer the first dose and second dose of the Pfizer-BioNtech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (the "COVID-19 Vaccine");** and
  2. Perform any additional medical care and treatment that may be required in follow-up to administration of the COVID-19 Vaccine.
- I have read the [Fact Sheet for Recipients and Caregivers: Emergency Use Authorization \(EUA\) of the Pfizer-BioNtech COVID-19 to Prevent COVID-19 in Individuals 12 years of Age and Older.](#)
- I acknowledge that if the Minor Patient is under 16 years old, the Minor Patient must be accompanied by a responsible adult to obtain the COVID-19 Vaccine. If a parent or legal guardian is not available to accompany the Minor Patient, I give consent for the responsible adult named below to accompany the Minor Patient instead.
- This authorization is given pursuant to California Family Code Section 6910.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Minor Patient

\_\_\_\_\_  
Name of Responsible Adult Accompanying Minor Patient if not Accompanied by Parent/Guardian