



Pfizer-BioNTech COVID-19 Vaccine Consent

For Individuals Under 18 Years of Age

1 Child's Information (please print):

Child's Name (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Street Address

City

State

Zip

Phone Number

2 Information on the risks and benefits of the Pfizer COVID-19 Vaccine

The Pfizer COVID-19 vaccine is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in people 16 years of age and older. The vaccine is authorized by the FDA for emergency use in people 5-15 years of age. To learn more about risks, benefits, and side effects of the Pfizer vaccine, read the [Fact Sheet for Recipients and Caregivers](#) for children 5-11 years of age or 12 years of age and older.

3 Consent

I have read and understand the information on risks and benefits of the Pfizer Vaccine in Section 2 above. I agree that:

1. I am the parent or legal guardian of the child named above and have the legal authority to consent to have him/her/them vaccinated with the Pfizer vaccine.
2. I understand that if the child named above is 5 through 15 years of age, a responsible adult must be present when they receive the vaccination if required by law.
3. If a parent or legal guardian is unable to accompany the child:
 - a. I give consent for the responsible adult named below to accompany them as permitted by law.
 - b. I give consent for the child to receive the Pfizer vaccine as is permitted by law
4. I understand that if the child named above is 16 or 17 years of age, it is recommended that a parent, legal guardian, or responsible adult be present when the child is vaccinated. I understand that by giving my consent below, the child will receive the Pfizer Vaccine whether or not I am present.
5. I understand that if required by state law, all immunizations will be reported to the applicable immunization registry or governmental entity. I understand I may obtain further information on how my information is treated by requesting such information from my provider or Carbon Health.
6. I understand that by signing this form I give the permission to contact me regarding vaccine reminders and access to an electronic vaccination record for the child.
7. I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the vaccine.



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I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in this form.

Name of Parent or Legal Guardian or Authorized Responsible Party (*Last, First, Middle*)

Signature

Date

Address if different from above

Phone Number (cell phone preferred)

Relationship to child or basis for authority of responsible party

- I am an emancipated or self-sufficient minor or married or previously married. (If you check this box, you will be asked to attest to this at your vaccine appointment.)

Adapted from the Los Angeles County Department of Public Health