



# COVID-19 VACCINE CONSENT FORM FOR MINOR

## **Section 1: Information about the child to receive Pfizer-BioNTech COVID-19 Vaccine:**

Child's Name (Last, First, Middle): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Section 2: Information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine:**

Currently the U.S. Food and Drug Administration (FDA) has authorized emergency use of the Pfizer Vaccine to prevent COVID-19 in individuals 12 years of age and older. The FDA has not yet approved licensure of vaccine to prevent COVID-19. To learn more about risks, benefits, and side effects of the Pfizer vaccine, read the U.S. Food and Drug Administration's [Fact Sheet for Recipients and Caregivers](https://bit.ly/3boxJPb) at <https://bit.ly/3boxJPb>.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body. People with a history of significant allergic reactions to vaccine, medicine or food are advised to talk to their doctor before receiving this vaccine.

## **Section 3: Consent**

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

1. I have the legal authority to consent to have the child named above vaccinated with the Pfizer Vaccine.
2. I reviewed this consent form and have received and read the "Fact Sheet for Recipients and Caregivers". I understand the benefits and risks of the Pfizer-BioNTech COVID-19 Vaccine.
3. I understand that as required by state law, all immunizations will be reported to the California Immunization Registry (CAIR2). This record shall be treated as confidential medical information, and only shared as required and allowed by law.
4. I acknowledge that both I and the minor named herein assume all risks and agree to hold Sansum Clinic harmless from any adverse consequences resulting from receipt of the vaccine.

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

Parent or Guardian Name (Last, First, Middle): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Phone Number if different from above: \_\_\_\_\_