



**The Preparatory Charter School
of Mathematics, Science, Technology and Careers**

**CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR MINOR WITHOUT
A PARENT/LEGAL REPRESENTATION**

Consent is required for vaccination of patients under the age of 18 without a parent/legal representative present. **Minor Patient Date of Birth:**

Minor Patient Name:

Minor Patient Address:

Emergency Contact:

Name: _____

Relationship to Minor: _____

Phone Number: _____

The Pfizer Vaccine, now fully approved by the FDA, will be administered during a COVID-19 Vaccination Clinic at Prep Charter High School on September 16 and October 7, 2021. The vaccinations will be administered by licensed health care professionals, including Prep Charter's school nurse, Gianna Burke.

I hereby authorize health care professionals to administer the first dose of the Pfizer Vaccine to my child on September 16, 2021 and the second dose of the Pfizer Vaccine on or about October 7, 2021.

Signature of Legal Parent or Guardian

Date