



Pfizer-BioNTech COVID-19 Vaccine Consent For Individuals Under 18 Years of Age

Information about the child to receive Pfizer-BioNTech COVID-19 Vaccine:

Child's Name (Last, First, Middle)	Date of Birth	Age	
Street Address	City	State	Zip

I hereby attest to the following:

- I have legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor patient
- I understand I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child will receive the vaccine whether or not I am present.
- I understand that the U.S. Food and Drug Administration ("FDA") has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for those ages 5-15, and has fully approved the vaccines for individuals 16 years and older.
- I have been provided access to and read the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers ("Fact Sheet"). Read the Fact Sheet at <https://www.fda.gov/media/144414/download>
- I understand the known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that the Pfizer-BioNTech COVID-19 Vaccine is a two-part vaccine series.
- I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
- I am aware it is recommended that my child wait at least 15 minutes after receiving the vaccine. If my child leaves the site before 15 minutes, the vaccine administrator will not assume any risks associated with not waiting the recommended amount of time.
- I consent to the administration of two separate doses of Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks apart to the minor patient.
- If I have health insurance that covers the child named above and I choose to, I give permission for my insurance company to be billed for the costs of administering the Pfizer- BioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for that portion of the cost of my immunization.
- I realize proof of insurance or identification is not required for vaccination
- I am aware my child's vaccine will be recorded in the state's required vaccine registry.
- You agree that your child's photo may be shared on social media to improve vaccine confidence in the community. If you do not want us to photograph your child, please have them let us know at the clinic.

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 in this form.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual	Date
Signature of Parent, Legal Guardian, or Other Authorized Individual	Phone Number (Required)