

# COVID-19 Pfizer Vaccine Consent Form

## Acknowledgement & Signature:

On behalf of my minor child under 18 years of age, I have read the applicable Emergency Use Authorization (“EUA”) Fact Sheet at the link set forth below for the vaccine that will be administered to my child. I have had the opportunity to ask any questions I may have which were answered to my satisfaction. I understand the benefits and risks associated with the vaccine and I voluntarily consent for my child to take the vaccine. I acknowledge that it is recommended that my child wait at site of the vaccination for at least 15 minutes after receiving the vaccination to assure there are no adverse side effects. I acknowledge that if my minor child is under 14 years of age, my minor child must be accompanied by a parent or guardian at the time of vaccination.

## Pfizer EUA Fact Sheet:



Print Name of parent or guardian: _____	
Print Name of minor child: _____	
Emergency Contact if different from above: _____	
Emergency Contact phone number: _____	
Signature of parent or guardian: _____	Date: _____

