



CHAMBERS COUNTY PUBLIC HEALTH

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 Name:	Minor Patient Date of Birth:
Minor Patient Address:	
Emergency Contact:	
Name: _____	
Relationship to Minor: _____	
Phone Number: _____	

I am the: Parent of the minor patient Legal guardian of the minor patient
 Other person with authority to make healthcare decisions on behalf of the minor patient, describe legal relationship: _____

I hereby attest to the following:

- The minor patient is 12 years of age or older
- I have the legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor patient
- I understand that the U.S. Food and Drug Administration (“FDA”) has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
- 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> or scan the QR code at the bottom of this form).
- 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 I have the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine on behalf of the minor patient.
- 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.
- The minor patient and I agree that the minor patient will remain in the observation area for the required time period following vaccine dose administration.
- I consent to the administration of two separate doses of Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks apart to the minor patient.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual

Date

Signature of Parent, Legal Guardian, or Other Authorized Individual

Date

