

I am giving my consent for (minor) \_\_\_\_\_ to receive the Pfizer Covid Vaccine. I have been given the Emergency Use Authorization (EUA) fact sheet or may access it at: <https://www.fda.gov/media/144414/download>

I understand the minor will be monitored for 15 minutes after the vaccine and I will be available should there be any questions or concerns.

\_\_\_\_\_  
Name (parent or guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Relationship

Minor Consent for Covid Vaccine

4/30/21

Patient Name:  
Date of Birth:  
MRN (if known)