

Minor Consent for Covid Vaccine

I am giving my consent for (minor) _____ to receive a Covid Vaccine. I have been given the Emergency Use Authorization (EUA) fact sheet or may access it at:

[FDA COVID-19 vaccines page](#)

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

Patient Name:

Date of Birth:

MRN (if known):