

# INFORMED CONSENT FOR COVID-19 VACCINE

Information about the Emergency Use Authorization for Pfizer-BioNTech COVID-19 vaccine has been made available to me. I understand the benefits and risks of the vaccine and have been provided with the opportunity to ask questions about the vaccine. I consent for the patient listed below to receive the Pfizer-BioNTech COVID-19 vaccine under Emergency Use Authorization.

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NAME OF MINOR RECEIVING THE VACCINE

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DATE OF BIRTH OF MINOR RECEIVING THE VACCINE

I attest that the minor receiving the vaccine is age 12 or above:  
 Yes    No

If you are the parent (or authorized representative), please sign and date below, indicating your consent for the minor to receive the Pfizer-BioNTech COVID-19 vaccine.

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SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

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DATE

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RELATIONSHIP TO PATIENT

