Pfizer-BioNTech COVID-19 Vaccine Consent For Individuals Under 18 Years of Age

Section 1: Information about the child to receive Pfizer-BioNTech COVID-19 Vaccine (please print):

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy) Age	
Street Address	City	State Zip
Phone Number		
Section 2: Information on the risks and (Pfizer Vaccine). Currently the U.S. Food and Drug Adr Pfizer Vaccine to prevent COVID-19 i not yet approved licensure of vaccin benefits, and side effects of the Pfizer Fact Sheet for Recipients and Careginal Processing Section 2: Information on the risks and Careginal Section 2: Information on the risks and Careginal Section 2: Information on the risks and (Pfizer Vaccine).	ministration (FDA) has authoriz n individuals 12 years of age o le to prevent COVID-19. To led r vaccine, read the U.S. Food	red emergency use of the and older. The FDA has arn more about risks,
 Section 3: Consent. I have reviewed the information on riand understand the risks and benefits. I reviewed this consent form and hand Caregivers" about the potent I have the legal authority to consent Pfizer Vaccine. I understand I am not required to appointment and, by giving my active whether or not I am present at the limitations will be reported to understand the information in the department and State Department medical information, and shall be I may refuse to allow the information record be locked by visiting the Record. 	s. I agree that: have read and understand the tial risks and benefits of the Pfent to have the child named accompany the child named onsent below, the child will revaccination appointment. It tate law (Health and Safety Cathe California Immunization Rechild's CAIR2 record will be short of Public Health, shall be trevused only to share with each on to be further shared and contains and contains.	e "Fact Sheet for Recipients izer Vaccine. above vaccinated with the dabove to the vaccination eceive the Pfizer Vaccine Code, § 120440), all egistry (CAIR2). I hared with the local health eated as confidential other or as allowed by law can request the CAIR2
I GIVE CONSENT for the child named BioNTech COVID-19 Vaccine and ha this form.		
Name (Last, First, Middle)		
Signature		Date
Address if different from above		

Phone Number if different from above