



PARENT/GUARDIAN/REPRESENTATIVE CONSENT FORM for COVID-19 VACCINE

FULL LEGAL NAME OF PATIENT: _____

DATE OF BIRTH: _____

The Pfizer COVID-19 vaccine should be given to the person named above for whom I am authorized to make this request.

I know the Food and Drug Administration (FDA) has authorized the emergency use of this vaccine. I know it is not a fully licensed FDA vaccine. The patient was asked to join the V-SAFE program. The program does health checks on the people who get the COVID-19 vaccine. I know I should report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <https://vaers.hhs.gov/reportevent.html>.

I know the patient must get two doses of the COVID-19 vaccine and receive the same vaccine each time. I have been given a copy and have read or have had explained to me, the information in the EUA Fact Sheet <https://www.fda.gov/media/144414/download>. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

PARENT/GUARDIAN/REPRESENTATIVE

SIGNATURE: _____ FULL LEGAL NAME: _____

Relationship to patient: _____ Date: _____