

BRONSON HEALTHCARE GROUP

Permission for Minor to receive the COVID 19 Vaccination

I give Bronson, its employees and volunteers permission to give \_\_\_\_\_ the Pfizer COVID 19 vaccine.

**I understand the vaccine:**

- ☐ I have reviewed the COVID 19 Vaccination Consent Form.
- ☐ I received and understand the "Fact Sheet for Recipients and Caregivers". [Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers \(michigan.gov\)](#)
- ☐ I have had my vaccine questions answered.
- ☐ I have advised the minor to wait for 15 minutes after getting the vaccine.

**Attendance:**

- ☐ The vaccine may be given without a parent or guardian being present.

**Billing:**

- ☐ The insurance company on file may be billed for the administration fee for the vaccine.

**Information sharing:**

- ☐ Immunizations are reported to the Michigan Care Improvement Registry (MCIR)
- ☐ I can access the MCIR Fact Sheet for Parents and Patients at <https://www.mcir.org/resource/public-frequently-asked-questions/>

\_\_\_\_\_  
(Authorized Person Name Printed)

\_\_\_\_\_  
(Authorized Person Name Signature)

\_\_\_\_\_  
(Relationship to Patient)

\_\_\_\_\_  
(Phone Number)

To be completed by clinical staff:

RN/MA Sign: _____		Date& Time: _____
Vaccine	Lot Number	Site Administered
<input type="checkbox"/> Pfizer		<input type="checkbox"/> Right Arm
<input type="checkbox"/> Moderna		<input type="checkbox"/> Left Arm
<input type="checkbox"/> Johnson & Johnson		