



COVID-19 Vaccine Consent Form for Minors

St. Mary's

Pfizer-BioNTech

(For ages 16 & older)

Name of Minor/Child: _____ Date of Birth _____
of Minor Child

Address: _____

Phone Number of Parent/Guardian: (_____) _____

Email of Parent/Guardian: _____

Consent

I have read the current COVID-19 vaccine information sheet for the vaccine selected below. I have been provided an opportunity to ask questions about the virus and the treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination my child is to receive is:

Pfizer-BioNTech: Two-dose single shot (separated by 21 days) for individuals over the **age of 16**.

I understand that it will not be fully effective for approximately two weeks. However, as with all vaccines there is no guarantee that my child will become immune or that he/she will not experience side effects. I hereby request the COVID-19 vaccine checked above be given to the person for whom I am authorized to give consent.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____