

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 (Required)		

Section 2: Information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine (Pfizer Vaccine).

Currently the U.S. Food and Drug Administration (FDA) has authorized emergency use of the Pfizer Vaccine to prevent COVID-19 in individuals 12 years of age and older. The FDA has not yet approved licensure of vaccine to prevent COVID-19. To learn more about risks, benefits, and side effects of the Pfizer vaccine, read the U.S. Food and Drug Administration's [Fact Sheet for Recipients and Caregivers](#).

Section 3: Consent.

I have reviewed the information on risks and benefits of the Pfizer Vaccine in Section 2 above and understand the risks and benefits. I agree that:

1. I reviewed this consent form and have read and understand the "Fact Sheet for Recipients and Caregivers" about the potential risks and benefits of the Pfizer Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer Vaccine.
3. I understand I am not required to accompany the child named above to the vaccination appointment and, by giving my consent below, the child will receive the Pfizer Vaccine whether or not I am present at the vaccination appointment.
4. I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health, shall be treated as confidential medical information, and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting the [Request to Lock My CAIR Record](#) web form.

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in this form.

Name (Last, First, Middle)	
Signature	Date
Address if different from above	
Phone Number (Required) if different from above	

