

**CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR A MINOR
A PARENT/LEGAL REPRESENTATION**

Minor Patient Name: _____

Minor Patient Date of Birth (DOB): _____

Minor Patient Address: _____

Phone or E-mail of Parent/Guardian _____

I am the:

- Parent of the minor patient
 Legal Guardian of the minor patient
 Other person with authority to make healthcare decisions on behalf of the minor patient

Describe legal relationship: _____

I hereby attest to the following:

- The minor patient is 5 years of age or older
- I have the legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor patient
- I understand that the U.S. Food and Drug Administration (FDA) has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
- I have been provided access to and read the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers (Fact Sheet). (Read the Fact Sheet at <https://www.fda.gov/media/144414/download>).
- I understand the known potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that I have the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine on behalf of the minor patient.
- I understand that the Pfizer-BioNTech COVID-19 Vaccine is a two-part vaccine series.
- I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
- The minor patient and I agree that the minor patient will remain in the observation area for the required time period following vaccine dose administration.
- I consent to the administration of two separate doses of Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks apart to the minor patient.

I agree to hold harmless and release liability Virtua Health, Virtua Health agents, employers, contractors, successors, and assignees from any claim, or action arising out of, or in any way incidental to this vaccination. I hereby state that I am the parent/guardian or person with authority to make healthcare decisions of the child listed above, am under no duress, and have and understood this informed consent for the vaccination.

Printed name of Parent, Legal Guardian, or Other Authorized Individual

Date

Signature of Parent, Legal Guardian, or Other Authorized Individual

Date