

Patient minor consent form - COVID-19 vaccine

Patient information

First name

Middle initial (optional)

Last name

Date of birth (MM/DD/YYYY)

Minor consent

I declare that I am (must check one):

- The parent of the above-named minor child.
- The legal guardian of the above-named minor child.
- An emancipated minor at least 16 years of age.
- A person with authority to make healthcare decisions on behalf of the above-named minor child. Describe legal relationship here:

I attest to the following

All boxes must be checked in order for the minor to be vaccinated:

- I have read and understand the COVID-19 Emergency Use Authorization (EUA) Fact Sheets and understand the risks and benefits: (Pfizer 12+: [fda.gov/media/153716/download](https://www.fda.gov/media/153716/download) / Pfizer 5-11: [fda.gov/media/153717/download](https://www.fda.gov/media/153717/download) / Pfizer 6mo-4yr: [fda.gov/media/159313/download](https://www.fda.gov/media/159313/download) / Moderna 12+: [fda.gov/media/157233/download](https://www.fda.gov/media/157233/download) / Moderna 6-11: [fda.gov/media/159310/download](https://www.fda.gov/media/159310/download) / Moderna 6mo-5yr: [fda.gov/media/159309/download](https://www.fda.gov/media/159309/download))
- I GIVE CONSENT for the minor patient to receive the COVID-19 vaccine. [If you do NOT give consent, do not complete this form.]
- I understand that by providing my voluntary consent, the minor patient can receive the COVID-19 vaccine with or without a parent or guardian being physically present at the vaccination appointment.
- 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 redness, swelling, tiredness, chills, fever, and other reactions.
- I understand that all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the patient's CAIR2 record will be shared with the local health department and California Department of Public Health, shall be treated as confidential medical information, and shall be used only 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: <https://cairforms.cairweb.org/SharingRequestForm/SharingRequestForm?SharingType=1&Language=En>

Parent/guardian information

Please write your full name

Email address

Mobile number

Address (Street number & name, City, State, Zip code)

By signing my name and today's date below, I am providing consent for the above-named minor child to receive the COVID-19 vaccine and certify that (1) I am authorized to provide this consent and (2) all of the information I have provided on this form is true and correct to the best of my knowledge:

Parent/guardian signature

Date signed (MM/DD/YYYY)