

Union County Vaccination Unit

Parental/Guardian Consent form for Pfizer COVID-19 Immunization

1. I am the legal parent/guardian of the below named minor.
2. I was given a copy of the FDA's *Fact Sheet for Recipients and Caregivers* in connection with the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine.
3. I acknowledge that I along with the minor named below have the option to either accept or refuse administration of the Pfizer-BioNTech COVID-19 Vaccine.
4. I authorize administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor named below.

Parent/Guardian

Printed Name: _____

Signature: _____

Relation to Minor Named Below: _____

Date Authorized: _____

Minor Authorized to Receive Vaccine

Printed Name: _____

Date of birth: _____

Vaccination Location: _____