



## Consent for Pfizer-BioNTech COVID-19 Vaccines Ages 12-17

<b>Minor Last Name:</b>		<b>First Name:</b>		<b>M.I.</b>
<b>Minor DOB:</b>	<b>Age:</b>		<b>Gender: M/F</b>	
<b>Parent/Guardian Last Name:</b>		<b>First Name:</b>		
<b>Relationship to patient:</b>		<b>Parent/Guardian Phone Number:</b>		
<b>Minor's Primary Care Provider:</b>		<b>Phone Number (if not WHC):</b>		

I have reviewed and completed the Pre-vaccination Checklist for COVID-19 Vaccines for my child.

I have received and read the FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 12 YEARS OF AGE AND OLDER. I understand the risks and benefits, and give consent for my child to receive the Pfizer COVID-19 vaccine. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).

I affirm that I am the parent or legal guardian of the child named at the top of this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_