CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR MINOR WITHOUT A PARENT/LEGAL REPRESENTATION

VACCINATION SITE: BOYS AND GIRLS CLUB, CLIFTON, NJ

Consent is required for vaccination of patients under the age of 18 without a parent/legal representative present.

Minor Patient Name:	**Minor Patient Date of Birth:**
Minor Patient Address:	
Emergency Contact: Name: _____ Relationship to Minor: _____ Phone Number: _____	

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 12 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 or scan the QR code at the bottom of this form).
- I understand the known and 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.

_____

Printed Name of Parent, Legal Guardian, or Other Authorized Individual Date

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Signature of Parent, Legal Guardian, or Other Authorized Individual Date