

Pfizer-BioNTech COVID-19 Pediatric Vaccine Consent Form

Patient Name: _____

Date of Birth: _____

Today's Date: _____

I have received and read the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers of Pfizer-BioNTech COVID-19 Vaccine to prevent coronavirus disease. The documents can be found by scanning the QR code (printed copy available upon request):

Pfizer EUA



I have completed the pre-vaccination checklist for COVID-19 Vaccines on behalf of this patient and, to the best of my knowledge, I have provided Martin's Point Health Care with all the patient's pertinent health information. Based on this checklist, this patient does not have any contraindications to receiving the vaccine and can wait for the observation period following vaccine administration. I understand the benefits of this vaccine and possible side effects that may occur.

I consent to the administration of this vaccine to this patient for whom I am authorized to make this request and agree to report uncommon vaccine side effects or those that do not go away in 1-2 days. In the event of an emergency, I consent to any required interventions deemed necessary for the patient, up to and including transport to a higher level of care, such as the emergency department.

Signature: _____ Date: _____

Printed name: _____ Relationship: Patient Parent Guardian

Parent/Guardian Emergency Contact Phone: _____

Portion Below for Office Use Only

Dose: _____ Route: _____

Number in series: 1 2 Admin site (circle one): Right Deltoid / Left Deltoid

Manufacturer lot#: _____ Expiration: _____

Administrator name: _____ Date: _____

Administration time: _____ Post vaccine hold time: 15 / 30 minutes