



Covid-19 Vaccine Minor Consent Form

- I have received and read the **Pfizer Vaccine Emergency Use Authorization Fact Sheet**.
- I have reviewed, completed, and signed the **Vaccine Administration Registration Form**.
- I have reviewed and completed the **Prevaccination Checklist for COVID-19 Vaccines** for my child.
- I have reviewed the information on the **V-Safe Program** and **What to Expect After Getting a Covid-19 Vaccine**.

Minor's Name:

Date of Birth:

By signing below, I acknowledge that I have received, read, and completed all of the forms/documents listed above.

and

By signing below, I authorize the Bay County Health Department to administer the Pfizer vaccine in accordance to the EUA to the above named child.

Parent/Guardian Printed Name:

Phone Number:

Parent/Guardian Signature:

Date:

***Emergency Contact Information (Must be available while minor is at the vaccine clinic)*:**

Name:

Phone Number: