



Pfizer-BioNTech COVID-19 Vaccination Consent Form for Minors

Before you can receive the Pfizer COVID-19 vaccine, we need your parent or guardian to provide consent. You **MUST** have a parent or guardian fill out the consent form below and sign their name. You **CANNOT** consent to this service on your own unless you are an emancipated minor or are under another exception. You can send your parent or guardian to the [Alameda County Online Vaccine Appointment Registration \(bit.ly/AlCoSignUp\)](https://bit.ly/AlCoSignUp) or have them sign the bottom of this page.

CONSENT FOR VACCINATION AND FOR THE DISCLOSURE AND RELEASE OF INFORMATION OF VACCINATION RECORD

I have read the [Pfizer EUA Fact Sheet for Recipients and Caregivers](#). I have had a chance to ask questions and all my questions have been answered.

By signing below:

1. I understand the risks and benefits of the Pfizer COVID-19 Vaccine and request that it be given to the minor.
2. I have the legal authority to consent to have the minor vaccinated with the Pfizer COVID-19 Vaccine.
3. I understand I am not required to accompany the minor to the vaccination appointment and, by giving my consent, the minor will receive the Pfizer COVID-19 Vaccine whether or not I am present at the vaccination appointment.
4. I understand that the Pfizer COVID-19 Vaccine is 2 doses given 21 days after the first dose, and the minor will need to return for his/her/their second dose.
5. I understand that by consenting to this vaccination, the minor's information may be reported or shared with applicable federal, state, and local government agencies as required by law.
6. I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health, shall be treated as confidential medical information, and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting the [Request to Lock My CAIR Record](#) web form.

This waiver shall bind a minor participant if agreed to by their parent or legal guardian.

Parent or Legal Guardian Signature Giving Consent for Minor

I, _____ am the parent or legal guardian of
Parent/Guardian's full name

_____, born _____
Minor's full name (Month, Day, Year: MM-DD-YYYY)

Parent or Guardian phone number: _____

Parent or Guardian email: _____

Signature of parent, guardian, or authorized medical decisionmaker: