



## COVID-19 Vaccine: Consent Form for Persons Under Age 18

### Section 1: Information about the minor to receive the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine

Minor's First Name	Middle Name	Last Name(s)	
Date of Birth (month/day/year)	Age	Phone Number	
Street Address	City	State	Zip

### Section 2: Information on the risks and benefits of the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine

On August 23, 2021, the U.S. Food and Drug Administration (FDA) approved the Pfizer-BioNTech COVID-19 Vaccine, now marketed as Comirnaty, for the prevention of COVID-19 disease in persons 16 years and older. The vaccine also continues to be available under emergency use authorization (EUA) for persons 5 through 15 years. To learn more about risks, benefits, and side effects of the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine, read the FDA's [Fact Sheets for Recipients and Caregivers](#). Here is a version specifically for [recipients ages 5-11](#) and here is a version specifically for [recipients ages 12 and older](#).

### Section 3: Consent

I have reviewed the information on risks and benefits of the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine in Section 2 above and understand the risks and benefits. **I agree that:**

1. I reviewed this consent form and have received the Fact Sheets for Recipients and Caregivers about the potential risks, benefits, and side effects of the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine.
2. I am the **parent or legal guardian** of the minor named above and have the **legal authority to consent** to have the minor vaccinated with the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine.
3. I understand that **if the minor named above is age 5-11 years old**, I or a designated responsible adult must accompany the minor to the vaccination appointment. If I am unable to accompany the minor, I give consent for the designated responsible adult named below to accompany them.

For minors ages 5-11 who will not be accompanied by their parent or legal guardian only:

PRINT ABOVE: Full name of designated responsible adult who I authorize to accompany the minor

4. I understand that **if the minor is age 12-17 years old**, I am **not required to accompany the minor named above to the vaccination appointment** and, by giving my consent below, the child will receive the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine whether or not I am present at the vaccination appointment.



5. 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 minor's CAIR2 record will be shared with the local health department, State Department of Public Health, and applicable federal government agencies as required by law, shall be treated as confidential medical information, and shall be used only to share with each other or as allowed by applicable laws and regulations. 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.

**By signing below, I GIVE CONSENT for the minor named at the top of this form to get vaccinated with the Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine and have reviewed and agree to the information included in this form.**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Relationship to Minor (parent/legal guardian)

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_  
Phone Number Email address (if any)

I am an emancipated minor or self-sufficient minor and will self-attest to this at my appointment.