



Pfizer-BioNTech COVID-19 Vaccine Consent Form for Individuals Under 18 Years of Age



Section 1: Information about the child to receive Pfizer-BioNTech COVID-19 Vaccine (*please print*):

Child's Name (Last, First, MI)

*Date of Birth
(mm/dd/yyyy)*

Age

Street Address

City

State

Zip

Phone Number

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

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. There is no U.S. Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. However, the FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals **12 years of age and older** under an Emergency Use Authorization (EUA). The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, a vaccination provider may ask the person receiving the

vaccine to stay at the place where they received their vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body.

The Pfizer-BioNTech COVID-19 Vaccine “Fact Sheet for Recipients and Caregivers” is available at <https://www.fda.gov/media/144414/download>.

Section 3: Consent

CONSENT FOR MINOR’S VACCINATION: I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in **Section 2** above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form, and I understand that the “Fact Sheet for Recipients and Caregivers,” includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
3. I understand a consenting adult must accompany the child named above to their vaccination appointment and that, by giving my consent below, the child will receive the Pfizer-BioNTech COVID-19 Vaccine whether or not the legal guardian is present at the vaccination appointment.
4. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for any portion of the cost of immunization.
5. I understand that as required by state law, all immunizations will be reported to Maryland’s Immunization Information System (ImmuNet). I can access ImmuNet at www.mdimmunet.org/prd-IR/logon.do for information on how to obtain an Immunization record for my child.

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in **Section 3** of this form. (If this consent is not signed, dated and returned, the child will not be vaccinated.)

Printed name of Legally Authorized Representative or Delegated Adult and relationship to minor

Signature of Legally Authorized Representative or Delegated Adult

Date