



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

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

Child's Last Name	Child's First Name
Date of Birth	Age
Street Address	City
State, Zip	Phone Number

Consent

I have reviewed the information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine provided to me by the Seneca County Health Department. In providing my consent below, I agree that:

1. I have been provided a copy of the "Fact Sheet for Recipients and Caregivers" also available at <https://www.fda.gov/media/144414/download>
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.

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 above.

Parent / Guardian Last Name	Parent / Guardian First Name
Relationship to Minor Listed Above	Parent / Guardian Phone Number

Signature of Legally Authorized Parent / Guardian

Date