

COVID-19 Vaccine Consent
For Individuals Under 12 Years of Age

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

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Age
Street Address City State Zip	Phone Number	

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

The U.S. Food and Drug Administration (FDA) has authorized emergency use of vaccines to prevent COVID-19 in individuals 6 months of age through 11 years. Please read the Fact Sheets for Recipients and Caregivers that are posted on the FDA website to learn more about risks, benefits, and side effects of COVID-19 vaccines or review in office. There are [fact sheets](#) for each vaccine.

Section 3: Consent.

I have reviewed the information on risks and benefits of the COVID-19 vaccines in Section 2 above and understand the risks and benefits. I agree that:

1. I reviewed this consent form and have read and understand the "Fact Sheet for Recipients and Caregivers" about the potential risks and benefits of the corresponding vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the COVID-19 vaccine.

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the COVID-19 vaccine and have reviewed and agree to the information included in this form.

Name (Last, First, Middle)	Signature	Date

Address if different from above	Phone Number if different from above

Relationship to Child