

**Shaw Family Medical
School-Based Clinics**

**CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR MINOR WITHOUT
A PARENT/LEGAL REPRESENTATION**

Consent is required for vaccination of patients under the age of 18 without a parent/legal representative present.

Minor Patient Name:	Minor Patient Date of Birth:
Minor Patient Address:	
Emergency Contact: Name: _____ Relationship to Minor: _____ Phone Number: _____	

I am the: ___ Parent of the minor patient ___ Legal guardian of the minor patient

 ___ Other person with authority to make healthcare decisions on behalf of the minor patient, describe legal
 relationship: _____

I hereby attest to the following:

- The minor patient is 12 years of age or older
- I have the legal authority to consent to the administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor patient
- I understand that the U.S. Food and Drug Administration (“FDA”) has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine, which is not an FDA-approved vaccine.
- I have been provided access to and read the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers (“Fact Sheet”). (Read the Fact Sheet at <https://www.fda.gov/media/144414/download> or scan the QR code at the bottom of this form).
- I understand the known and potential risks and benefits of Pfizer-BioNTech COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that I have the option to accept or refuse Pfizer-BioNTech COVID-19 Vaccine on behalf of the minor patient.
- I understand that the Pfizer-BioNTech COVID-19 Vaccine is a two-part vaccine series.
- I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
- The minor patient and I agree that the minor patient will remain in the observation area for the required time period following vaccine dose administration.
- I consent to the administration of two separate doses of Pfizer-BioNTech COVID-19 Vaccine spaced approximately three weeks apart to the minor patient.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual

Date

Signature of Parent, Legal Guardian, or Other Authorized Individual

Date



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**COVID-19 Vaccine Screening Questions For Minors Without Parent/Guardian Present
*Preguntas de Asesoría de COVID-19 Para Menores Sin sus Padres/Tutores Presentes***

Please answer the following questions on behalf of your child if your child is coming to their vaccine appointment without a parent or guardian.

Por favor, responda las siguientes preguntas si su hijo/ya llegara a la cita de vacuna sin sus padres/tutores.

Minor Patient Name:	Minor Patient Date of Birth:	
Minor Patient Address:		
Screening Question	Yes / Sí	No / No
1. Do you give consent to receive the COVID-19 vaccine today? <i>¿Da su consentimiento para recibir la vacuna COVID-19 hoy?</i>		
2. Are you feeling sick today? <i>¿Se siente enfermo(a) hoy?</i>		
3. Have you ever received a dose of the COVID-19 vaccine? a. If yes, which vaccine did you receive and on what date? Vaccine Name: _____ Date: _____ <i>¿Ha recibido alguna vez una dosis de la vacuna COVID-19?</i> a. Nombre de la Vacuna: _____ Fecha: _____		
4. Are you immunocompromised or taking medications that affect your immune system? a. If yes, please explain and list medications: _____ _____ <i>¿Está inmunocomprometidos o tomando medicamentos que afectan su sistema inmunitario?</i> a. Si la respuesta es SI, explique y liste las medicaciones: _____ _____		
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to anything? a. If yes, please explain: : _____ _____ <i>¿Alguna vez ha tenido una reacción alérgica grave (p. ej., anafilaxia) a algo?</i> a. Si la respuesta es SI, explique: _____ _____		
6. Have you received antibody therapy as treatment for COVID-19 in the past 90 days? <i>¿Ha recibido terapia con anticuerpos como tratamiento para COVID-19 en los últimos 90 días?</i>		