

CONSENT TO ADMINISTER COVID-19 VACCINE WITHOUT PARENT OR GUARDIAN PRESENT

Many times, Parents/Legal Guardians find themselves unable to accompany their teen or young adult children to appointments. This form has been prepared for your convenience should you at some time be unable to accompany your teen or young adult children. This consent will give the designated individual authority to administer the COVID-19 Vaccine.

I, _____, the parent/guardian of _____,
(date of birth __/__/__) have received the Emergency Use Authorization for the Pfizer Covid-19 Vaccine, and grant consent for my child to be immunized in the school or clinic setting.

This consent shall be effective for any COVID immunizations given as of the date below and for 60 days thereafter to include consent for a second dose.

Please note your daytime contact number _____ as we may call you prior to administering the vaccine.

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date