



Consent Form for Minors Receiving the Pfizer-BioNTech COVID-19 Vaccine

Minor's Name: _____
LAST FIRST MI

Date of Birth (mm/dd/yyyy): _____

Address: _____
STREET

CITY STATE ZIP

Phone Number (parent/legal guardian): _____
HOME CELL

Information on the Risks and Benefits of the Pfizer- BioNTech COVID-19 Vaccine

The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the Pfizer-BioNTech COVID-19 Vaccine are authorized for Emergency Use Authorization (EUA) for ages 12 years and older. The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide a two-dose primary series to individuals age 5 through 11. The 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 (1) hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, we will 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 <http://www.fda.gov/media/144414/download>, visiting our website, or by scanning the QR code below.





CONSENT FOR MINOR'S VACCINATION

I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in the above section and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form.
2. I have the legal authority to consent to have the minor named (the "Patient") above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
3. I understand that it is not possible to predict all possible side effects or complications associated with receiving the Pfizer-BioNTech COVID-19 Vaccine. I understand the risks and benefits associated with the Pfizer-BioNTech COVID-19 Vaccine and have received, read and/or had explained to me the "Fact Sheet for Recipients and Caregivers," which includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
4. I understand I am not required to accompany the Patient to their vaccination appointment and that, by giving my consent below, the Patient will receive the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
5. If I have health insurance that covers the Patient named above, I give permission for my insurance company to be billed for the costs of administering the Pfizer- BioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for that portion of the cost of the immunization.
6. I understand that as required by state law, all immunizations will be reported to the New Jersey Department of Health's Immunization Information System (NJHIS). If I object to the Patient's data being shared with the NJHIS, I can opt out by visiting:
<https://www.state.nj.us/health/forms/imm-47.pdf>
7. On behalf of the Patient, the Patient's heirs and personal representatives, I hereby release and hold harmless each applicable provider, its staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine(s) listed above.

I GIVE MY CONSENT to Advocare, LLC and the licensed healthcare professional administering the vaccine to administer the Pfizer-BioNTech COVID-19 Vaccine to the Patient named at the top of this form. I have reviewed and agree to the information above. This consent form applies to both doses of the vaccine.

- Parent
 Other legally authorized representative

PRINT NAME OF PARENT OR LEGALLY AUTHORIZED REPRESENTATIVE

SIGNATURE

DATE