

1 Child's Information (please print):

Child's Name (Last, First, Middle)**Date of Birth (mm/dd/yyyy)**

Street Address**City**

State**Zip Code****Phone Number****2 Information on the risks and benefits of the Pfizer COVID-19 Vaccine**

The Pfizer COVID-19 vaccine is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in people 16 years of age and older. The vaccine is authorized by the FDA for emergency use in people 5-15 years of age. To learn more about risks, benefits, and side effects of the Pfizer vaccine, read the Fact Sheet for Recipients and Caregivers for children 5-11 years of age or 12 years of age and older.

3 Consent

I have read and understand the information on risks and benefits of the Pfizer Vaccine in Section 2 above. I agree that:

1. I am the parent or legal guardian of the child named above and have the legal authority to consent to have him/her/them vaccinated with the Pfizer vaccine
2. I understand that if the child named above is 5 through 15 years of age, a responsible adult must be present when they receive the vaccination. If a parent or legal guardian is unable to accompany the child, I give consent for the responsible adult named below to accompany them.*
3. I understand that if the child named above is 16 or 17 years of age, it is recommended that a parent, legal guardian, or responsible adult be present when the child is vaccinated. I understand that by giving my consent below, the child will receive the Pfizer Vaccine whether or not I am present.
4. I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by submitting the Request to Lock My CAIR Record form.
5. I understand that by signing this form I give the County of Los Angeles and participating vaccination partners permission to contact me regarding vaccine reminders and access to an electronic vaccination record for the child.

6. I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the 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 in this form.

Name of Parent or Legal Guardian (Last, First, Middle)

Signature

Date

Address if different from above

Phone Number (cell phone preferred)

Relationship to child

For 5 through 15-year-olds who will not be accompanied by their parent or legal guardian only:

Name of responsible adult who I authorize to accompany the child

I am an emancipated or self-sufficient minor or married or previously married.
(If you check this box, you will be asked to attest to this at your vaccine appointment.)

***Exception: If the minor is being vaccinated at school, consent is required; however, the school's guidance should be followed as to whether a parent/legal guardian or named adult needs to be present.**