



Pfizer-BioNTech COVID-19 Vaccine Consent For Individuals Under 18 Years of Age

Section 1 – Information of child to receive Pfizer-BioNTech COVID-19 Vaccine (please print):

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Date of Birth (MM/DD/YYYY)</i>	<i>Age</i>	<i>Phone Number</i>

Street Address, City, State, Zip Code

Section 2 – Information on the risks and benefits of the Pfizer-BioNTech COVID-19 vaccine

To learn more about risks and benefits of the Pfizer-BioNTech vaccine, read the [Fact Sheet for Recipients and Caregivers](#).

Section 3 – Consent

I have reviewed the information on the Pfizer-BioNTech Vaccine in Section 2 above, and understand the risks and benefits. I agree that:

- I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech vaccine.
- I understand that children aged 17 years and younger may only receive the Pfizer-BioNTech vaccine only with a parent or legal guardian present.
- 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, 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 visiting the [Request to Lock My CAIR Record](#).
- I understand that by signing this form, I give San Bernardino County and participating vaccination partner's permission to contact me regarding vaccine reminders and access to electronic vaccination records for the child.
- I understand that I will not have to pay for either the vaccine or the cost of administering the vaccine. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the vaccine.

By checking the box, I give consent for the child named at the top of this form to be vaccinated with the Pfizer-BioNTech COVID-19 vaccine. I have received and agree to the information included on this form.

Section 4 – Parent or guardian information and signature of consent

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Signature</i>	<i>Relationship to Child</i>	<i>Date</i>
<i>Address (if different from above)</i>		<i>Phone Number</i>

Self-attestation of emancipation only

I attest that 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.