

# Parent or Guardian Consent Form

## Pfizer Covid-19 Vaccination for individuals 12-14 Years Old

This information is for the person receiving the vaccine:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Emergency Use Authorization

The FDA has made the Pfizer COVID-19 Vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or licensed vaccine. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

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

The Pfizer-BioNTech (Pfizer) COVID-19 Vaccine "Fact Sheet for Recipients and Caregivers" is available at <https://www.fda.gov/media/144414/download>.

### Parent or Guardian

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

1. I have reviewed this consent form, and I understand that the "Fact Sheet for Recipients and Caregivers" includes more detailed information about the potential risks and benefits of the Pfizer COVID-19 Vaccine.
2. I have the legal authority to consent on behalf of the child/minor named above to receive the Pfizer COVID-19 Vaccine.
3. I understand I am not required to accompany the child/minor named above to their vaccination appointment and that, by giving my consent below, the child/minor will receive the Pfizer COVID-19 Vaccine whether or not I am present at the vaccination appointment.
4. I understand that a second dose of Pfizer vaccine is required to complete the series.
5. I have completed the Virginia Garcia Vaccine Administration Acknowledgement Form for the child/minor named above, and understand that these forms must be completed for both vaccine doses.

**I GIVE CONSENT** for the child/minor named at the top of this form to get vaccinated with the two-dose Pfizer COVID-19 Vaccine and have reviewed and agree to the information included in this form. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed (if this consent is not signed, dated and returned, the child/minor will not be vaccinated).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

**Note:** Under Oregon law, minors 15 years of age and older may consent to medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist.