

**COVID-19 Vaccine
Minor Consent Form**

Section 1: Minor Patient's Personal Information (please print)

PATIENT NAME (Last)	(First)	(M.I.)
PATIENT DATE OF BIRTH Month _____ Day _____ Year _____		
PATIENT PHONE NUMBER		

Section 2: Parent/Guardian's Personal Information (please print)

PARENT/GUARDIAN NAME (Last)	(First)	(M.I.)
ADDRESS		
PHONE NUMBER	RELATIONSHIP TO MINOR	

Section 3: Consent

CONSENT FOR VACCINATION:

- The Fact Sheet for Patients and Parents/Caregivers for the COVID-19 Vaccine I am receiving has been offered to me.
- I have read or had explained to me the Fact Sheet for Patients and Parents/Caregivers for the COVID-19 Vaccine and I understand the risks and benefits.
- I understand the COVID-19 Vaccine has been approved by an emergency use authorization (EUA) process and has not fully been FDA reviewed or approved.
- I understand the potential risks from the therapy including serious allergic reactions (anaphylaxis). Other adverse reactions that have been reported include injection site pain, fatigue, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, malaise, and lymphadenopathy.
- I understand that there may be other potential options to prevent COVID-19.
- I was offered the opportunity to ask questions, and all questions were answered.
- I agree to proceed with receiving the COVID-19 Vaccine.

I GIVE CONSENT to LifeLong Medical Care and its staff to vaccinate me with the COVID-19 Vaccine. (If consent is provided verbally by the parent/guardian, staff shall document as much below and this form should remain unsigned).

Signature of Parent/Guardian _____

Date: _____

OFFICE USE ONLY	DOCUMENT METHOD OF VERBAL CONSENT (IF NECESSARY)	DATE
	STAFF NAME	PATIENT MRN