



Pfizer-BioNTech COVID-19 Vaccination Consent for Minors

Patient Identification Label	
Name	_____
MRN	_____
DOB	_____
Date of service	_____

Name (print) _____ Date of birth _____

Address _____

Phone _____

I have been given an opportunity to read the *Pfizer-BioNTech COVID-19 Vaccine Information Statement (VIS)* and have read or had explained to me the information about the COVID-19 vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the COVID vaccine. I hereby release UCHealth and its employees from any claims arising out of taking this vaccine. Since this is the first time I have ever received the vaccine, I understand I am **advised to wait 15 minutes before leaving our area to be observed for a possible reaction.**

Name of patient (printed)

Relationship to patient

Signature of parent or legally authorized representative

Date

Time