

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

Section 1: Information about the child to receive Pfizer-BioNTech or Moderna COVID-19 Vaccine (please print):

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Age	
Street Address	City	State	Zip
Phone Number			

Section 2: Information on the risks and benefits of the Pfizer-BioNTech (Pfizer) and Moderna vaccine.

Currently, the U.S. Food and Drug Administration (FDA) has authorized emergency use of the Pfizer and Moderna vaccine to prevent COVID-19 in individuals 6 months of age and older. To learn more about the risks, benefits, and side effects of the Pfizer and Moderna COVID-19 vaccine, read the U.S. Food and Drug Administration Fact Sheet for Recipients and Caregivers ([Pfizer](#) | [Moderna](#)).

Section 3: Consent.

I have reviewed the information on the risks and benefits of the Pfizer and Moderna vaccine in Section 2 above and understand the risks and benefits. I agree that:

1. I reviewed this consent form and have read and understood the "Fact Sheet for Recipients and Caregivers" about the potential risks and benefits of the Pfizer and Moderna vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer or Moderna vaccine.
3. I understand I am not required to accompany the child named above to the vaccination appointment and, by giving my consent below, the child will receive the Pfizer or Moderna vaccine whether or not I am present at the vaccination appointment.
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, 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](#) web form.

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech or Moderna COVID-19 vaccine and have reviewed and agree to the information included in this form.

Name (Last, First, Middle)	
Signature	Date
Address if different from above	
Phone Number if different from above	

For more information on COVID-19 vaccines, please visit:
coronavirus-sd.com/vaccine

