

**AUTHORIZATION AND CONSENT FOR THE MEDICAL TREATMENT OF A MINOR**

**Covid-19 Vaccination**

(THIS FORM IS MANDATORY FOR ANY CHILD UNDER THE AGE OF 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Parent/Guardian] as the parent(s) or legal guardian(s) of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Minor], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Birthdate], I/We permit the appropriate licensed provider to proceed with the following specifically prescribed administration of vaccination for my/ our child:

\_\_\_PFIZER\_\_\_\_, a Covid-19 vaccination approved by FDA Emergency Use Authorization.

Identified Allergies or Special Medical/Other Conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This Authorization will remain valid until my/our child reaches eighteen (18) years of age, or until revoked or changed.

I/We understand that this Authorization may be revoked at any time, provided that I/We submit a signed revocation letter. However, any revocation shall not apply to the extent that the Provider has taken action in reliance hereupon.

**Parent/Guardian:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness:**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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