

**CONSENT FOR MINOR VACCINATION FORM
(Pfizer BioNTech COVID-19 vaccine ONLY)**

Washington Department of Health (DOH) Vaccination Site services located throughout Washington State must have a signed consent form from a parent or legal guardian before providing services to youth, except in situations where federal and/or state allow youth to access such treatment without parent/guardian consent, e.g. Mature Minor Rule. Currently only the Pfizer BioNTech COVID-19 vaccine is approved to vaccinate persons 16 and older. This form is required in addition to the COVID-19 Consent Form for 16- and 17-year-old youth prior to receiving a Pfizer BioNTech COVID-19 vaccine.

I hereby request and authorize that:
Print Youth's Name:

First Name	Middle Initial	Last Name	Birthdate
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receive a Pfizer BioNTech COVID-19 vaccine COVID-19 from a Washington DOH Vaccination Site, and further receive any and all health care services available from and deemed necessary by the staff of the DOH vaccination site in the event of an adverse reaction following vaccination. Consent is also given for referral of care in this instance and if needed emergency transportation, to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the DOH Vaccination Site Health Care Provider. This authorization does not allow services to be rendered without the youth's consent, unless they are unable to consent.

Information regarding the immunization will be stored in the Washington State Immunization Information System (WA IIS) and is available to all licensed healthcare providers in Washington to support immunization activities.

This is a one-time consent for immunization valid only for the day of scheduled vaccination: _____
Date

Youth's Signature	Date
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Parent/Guardian's Signature	Date
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Name/Relationship of Legally Responsible Guardian (Print Please)

Parent/Guardian Address

Parent/Guardian Email Address

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Parent/Guardian Phone Contact	Work Telephone