

# Pfizer-BioNTech COVID-19 Vaccine Consent Form for Individuals 12-17 Years of Age



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

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<i>Child's Name (Last, First, MI)</i>	<i>Date of Birth (mm/dd/yyyy)</i>	<i>Age</i>
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*Street Address*

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<i>City</i>	<i>State</i>	<i>Zip</i>
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*Phone Number*

## Section 2: Information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. There is no U.S. Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. However, the FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 12 years of age and older under an Emergency Use Authorization (EUA). The Pfizer-BioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, a vaccination provider may ask the person receiving the



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vaccine to stay at the place where they received their vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body.

The Pfizer-BioNTech COVID-19 Vaccine “Fact Sheet for Recipients and Caregivers” is available at <https://www.fda.gov/media/144414/download>.

## Section 3: Consent

**CONSENT FOR MINOR’S VACCINATION:** I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in Section 2 above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form, and I understand that the “Fact Sheet for Recipients and Caregivers,” includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
3. I understand I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child will receive the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
4. If I am not accompanying the child named above to their vaccination appointment, I will provide a completed pre vaccination screening form, available at: [www.mass.gov/CDCScreeningForm](http://www.mass.gov/CDCScreeningForm)
5. If I have health insurance that covers the child named above, I give permission for my insurance company to be billed for the costs of administering the Pfizer- BioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for that portion of the cost of my immunization.
6. I understand that as required by state law, all immunizations will be reported to the Department of Public Health Massachusetts Immunization Information System (MIIS). I can access the MIIS Fact Sheet for Parents and Patients, at [www.mass.gov/dph/miis](http://www.mass.gov/dph/miis), for information on the MIIS and what to do if I object to my or my family’s data being shared with other providers in the MIIS.

**I GIVE CONSENT** for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in **Section 3** of this form. (If this consent is not signed, dated and returned, the child will not be vaccinated.)

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*Signature of Legally Authorized Representative*

*Date*