



CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR MINOR WITHOUT A PARENT/LEGAL REPRESENTATION

Consent is required for vaccination of patients under the age of 18 without a parent/legal representative present.

Form with fields for Minor Patient Name, Date of Birth, Address, Emergency Contact (Name, Relationship, Phone Number).

I am the: \_\_\_ Parent of the minor patient \_\_\_ Legal guardian of the minor patient \_\_\_ Other person with authority to make healthcare decisions on behalf of the minor patient, describe legal relationship: \_\_\_\_\_

I hereby attest to the following:

- List of 10 bullet points regarding consent to COVID-19 vaccination, including understanding of risks, benefits, and the two-dose series.

Printed Name of Parent, Legal Guardian, or Other Authorized Individual Date

Signature of Parent, Legal Guardian, or Other Authorized Individual Date