



U.S. Department of Veterans Affairs
Veterans Health Administration
Minneapolis VA Health Care System

COVID-19 Vaccine: Pfizer BioNTech

Name of Minor Child: _____ Date of Birth of Minor Child: _____

Address: _____

Phone Number of Parent/Guardian: _____

Consent:

I have read the current COVID-10 Pfizer-BioNTech vaccine information sheet. I have been provided an opportunity to ask questions about the virus and the treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination my child is to receive is two-dose single shot (separated by 21 days) for individuals over the age of 16.

I understand that it will not be fully effective for approximately two weeks. However, as with all vaccinations there is no guarantee that my child will become immune or that he/she will not experience side effects. I hereby request the COVID-19 Pfizer BioNTech vaccine be administered to the person for whom I am authorized to give consent.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____