



COVID-19 VACCINATION PARENTAL CONSENT FORM

LAST NAME OF MINOR: _____ FIRST NAME OF MINOR: _____

DATE OF BIRTH: _____ CONTACT NUMBER: _____

NAME OF MOTHER: _____ GENDER: Man Woman Non-Binary Other
 Transgender Male-to-Female Transgender Female-to-Male Unknown

ETHNICITY: Hispanic/Latino Not Hispanic/Latino Unknown

RACE: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other

- I have read the information on the Emergency Use Authorization Fact Sheet about the COVID-19 vaccine (or it has been explained to me)
- I understand the benefits and the risks of the COVID-19 vaccine
- I give consent to receive the COVID-19 vaccine
- I fully understand the information on this Vaccination Form and I confirm the information I provided is true and accurate

SIGNATURE OF MINOR: _____ TODAY'S DATE: _____

PRINT NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____

----- **ADMINISTRATION RECORD (VACCINATOR USE ONLY)** -----

MANUFACTURER: Pfizer Moderna Janssen

DOSE: 1st Dose 2nd Dose

LOT NUMBER: _____

EXPIRATION DATE: _____

SITE: 0.5 mL IM Deltoid 0.3 mL IM Deltoid
 Left Deltoid Right Deltoid

PRINT FULL NAME: _____

SIGNATURE: _____