

PHARMACIST: This consent form may not satisfy the consent requirements of your particular state. Additional information, documentation and/or counseling may be required under your state's laws. You are responsible for ensuring that all requirements for consent for a minor to receive a COVID-19 vaccination are met.

Consent for Pfizer-BioNTech COVID-19 Vaccination of Minor

| | | |
|--------------------------------|-------------------------------|-----|
| Child's Name (Last, First, MI) | Date of Birth (mm/dd/yyyy) | Age |
|--------------------------------|-------------------------------|-----|

The Food and Drug Administration (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 "Fact Sheet for Recipients and Caregivers" is available at <https://www.fda.gov/media/144414/download>. I understand the risks and potential side effects of the Pfizer-BioNTech COVID-19 Vaccine. I understand that the PfizerBioNTech COVID-19 Vaccine is administered as a 2-dose series and the minor named above will need to receive a second dose in approximately 3 weeks apart.

CONSENT:

- I have reviewed this consent form, and I understand that information available from the Centers for Disease Control and Prevention (CDC), including the "Fact Sheet for Recipients and Caregivers," includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine.
- I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
- If permitted under state law, I consent to the child receiving the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
- 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.
- I understand that all immunizations will be reported to the state Immunization Information System (IIS) and the CDC.

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.

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| Signature of Legally Authorized Representative | Date |
|--|------|

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|--------------|--------------|
| Printed Name | Relationship |
|--------------|--------------|

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|----------------|------|-------|-----|
| Street Address | City | State | Zip |
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Phone Number (please provide best contact number)