



COVID-19 Vaccination

Consent for Individuals Under 18 Years of Age



Information about the person who will receive the COVID-19 Vaccine:

Name: _____
First Name MI Last Name

Date of Birth: _____
mm/dd/yyyy

Address: _____
Street Address

City State Zip

By signing this form, I acknowledge that:

- I have read the [Fact Sheet for Recipients and Caregivers Emergency Use Authorization \(EUA\) of the Pfizer-Biontech COVID-19 Vaccine to Prevent COVID-19 in Individuals 16 Years of Age and Older.](#)
- I have been made aware of the [California Immunization Registry \(CAIR\) Notice to Patients and Parents](#) and I understand that my or my child’s immunization data will be entered in the CAIR system, and that I have the right to opt out of having my or my child’s information shared with other organizations.
- I give the County of Los Angeles and participating vaccination partners permission to contact me regarding important vaccine reminders and access to an electronic vaccination record.
- If I have health insurance that covers me or my child, I give permission for my insurance company to be billed for the costs of administering the vaccine. The government is paying for the vaccine itself, and I will not be billed for that portion of the cost of my immunization.
- I hereby authorize that this vaccine be given to me or to the person named above for whom I am authorized to consent.

Signature of legally authorized representative or independent minor

Date

Name

Relationship to child

Phone number (cell phone preferred)

I am an emancipated or self-sufficient minor, or married or previously married.
(If you check this box you will be asked to attest to this at your vaccine appointment)

