

# Pfizer-BioNTech COVID-19 Vaccine Consent For Individuals Under 18 Years of Age

Section 1: Information about the child to receive Pfizer-BioNTech COVID-19 Vaccine (please print):

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Child's Name (Last, First, Middle)

Date of Birth (mm/dd/yyyy) Age

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Street Address

City

State Zip

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Phone Number

Section 2: Information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine (Pfizer Vaccine).

Currently the U.S. Food and Drug Administration (FDA) has authorized emergency use of the Pfizer Vaccine to prevent COVID-19 in individuals 5 years of age and older. The FDA has not yet approved licensure of vaccine to prevent COVID-19 for minors. To learn more about risks, benefits, and side effects of the Pfizer vaccine, read the U.S. Food and Drug Administration's [Fact Sheet for Recipients and Caregivers](#) – here is a version specifically for [5-11 year old vaccine recipients](#), and here is a version for those [minors between the ages of 12-17](#).

Section 3: Consent.

I have reviewed the information on risks and benefits of the Pfizer Vaccine in Section 2 above and understand the risks and benefits. I agree that:

1. I reviewed this consent form and have read and understand the “Fact Sheet for Recipients and Caregivers” about the potential risks and benefits of the Pfizer Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer Vaccine.
3. I understand that as required by state law, all immunizations will be reported to the Colorado Immunization Information System (CIIS). I understand the information in the child's CIIS record will be shared with the local health department and State Department of Public Health, shall be treated as confidential medical information, and shall be used only as allowed by law. I may refuse to allow the information to be further shared and can request to opt-out of CIIS by visiting: <https://cdphe.colorado.gov/ciis-opt-out-procedures>.

## Authorization to Administer COVID-19 Vaccine

I have read or had explained to me the Emergency Use Authorization for the use of the COVID-19 vaccine and understand the benefits and risks to me or my child of receiving this vaccine. I have had a chance to ask questions, which were answered to my satisfaction. I hereby release this provider, its employees and its volunteers from any liability for any results which may occur from the administration of this vaccine.

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Name (Last, First, Middle)

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Signature

Date

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Address if different from above

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Phone Number if different from above