CATTARAUGUS COUNTY HEALTH DEPARTMENT

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Public Health
Prevent. Promote. Protect.
Cattaraugus County Health Department
Established 1923

Kevin D. Watkins, M.D., MPH, *Public Health Director*

Gilbert N. Witte, M.D.
Medical Director

Colette Lulay-Pound
Administrative Officer

PFIZER COVID-19 VACCINATION CONSENT FORM MINORS

I have been provided and have read, or had explained to me, the information sheet about the Pfizer COVID-19 vaccine. I understand that this vaccine requires that two doses be administered (given) in order for it to be effective. I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to the minor child listed below, for whom I am authorized to make this request and provide consent. I understand that there will be no cost to me for this vaccine. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) for other public health purposes, including reporting to applicable vaccine registries.

_____

Child's Name (Please Print) Date of Birth

_____

Child's School District

_____

Parent/Guardian Name (Please Print) Date

_____

Parent/Guardian Signature Phone Number

For Internal Use Only

_____ Time of Check-In

_____ Parent/Guardian Signature Verified (Please Initial)

PHAB Accredited Health Department
Public Health Accreditation Board