



**Steuben County Public Health**  
 3 East Pulteney Square, Bath, NY 14810  
 607-664-2438 or 1-800-724-0471  
 Fax: 607-664-2166



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

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

<b>Child's Last Name</b>	<b>Child's First Name</b>
<b>Date of Birth</b>	<b>Age</b>
<b>Street Address</b>	<b>City</b>
<b>State, Zip</b>	<b>Phone Number</b>

### Consent

I have reviewed the information on the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine provided to me by Steuben County Public Health. In providing my consent below, I agree that:

1. I have been provided a copy of the "Fact Sheet for Recipients and Caregivers" also available at <https://www.fda.gov/media/144414/download>
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.

I give consent for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included above.

<b>Parent / Guardian Last Name</b>	<b>Parent / Guardian First Name</b>
<b>Relationship to Minor Listed Above</b>	<b>Parent / Guardian Phone Number</b>

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Signature of Legally Authorized Parent / Guardian Date