

**PFIZER-BIOTECH COVID-19 VACCINE  
PARENT/LEGAL GUARDIAN CONSENT FORM**

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

I certify that I am the parent or legal guardian of the above named student and confirm that the student is at least 12 years of age. I hereby give my consent to the New Canaan Health Department or its agents to administer the Pfizer-Biotech COVID-19 Vaccine.

I understand that this product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 12 years of age and older; and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.

I understand that it is not possible to predict all possible side effects or complications associated with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine and have received, read and/or had explained to me the Emergency Use Authorization Fact Sheet on the COVID-19 vaccine I have elected to receive.

I understand it is recommended that the student will remain on site for at least 15 minutes after receiving the Pfizer Vaccine and that, depending on the recommendations of medical professionals, the student may be asked to remain on site longer for monitoring. If the student should experience a severe reaction, the New Canaan Health Department or its agents may call 9-1-1 or go to the nearest hospital.

Parent/Legal Guardian Name \_\_\_\_\_  
*(Please print)*

Parent/Legal Guardian Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_