

# UNIVERSITY PLACE MEDICAL CLINIC

## CONSENT FOR MINOR COVID-19 VACCINATION FORM

Vaccinations may only be provided to persons under the age of 18 (minors) in Washington State with the consent of an authorized adult prior to providing the vaccination, except in situations where federal and/or state law allows a minor to access such treatment without authorized adult consent. **Authorized adult's government-issued photo ID must be provided.**

Minor's First Name .....Last Name .....

Birthdate .....

First Dose

Second Dose

Third Dose

I hereby authorize the patient named above to receive a Pfizer-BioNTech COVID-19 vaccine from University Place Medical Clinic and further receive any and all health care services available from and deemed necessary by the staff in the event of an adverse reaction following vaccination.

I have the authority to consent on behalf of the minor because I am:

Parent(s)

Guardian/legal custodian

Court-authorized person for child in out-of-home placement

Holder of signed authorization from parent(s)

School nurse, counselor, or homeless student liaison (for a child or youth defined as homeless under the federal McKinney-Vento Homeless Education Act), as under RCW 7.70.065.

Authorized Adult Name -----

Signature-----

Date -----

Phone Number-----