

**Mahoning County Public Health  
Pfizer COVID-19 Vaccine Consent Form**

**Section 1: Information about Person to Receive Vaccine (please print legibly)**

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH	GENDER
			month      day      year	M / F
ADDRESS	CITY	STATE	ZIP	PHONE NUMBER:
SCHOOL NAME			GRADE	

**Section 2: Information for person providing consent:**

**HIPPA NOTICE OF PRIVACY PRACTICES:** We are required by law to maintain the privacy of individuals and to provide them with notice of our legal duties and privacy practices with respect to protected health information. To receive a copy of the privacy practices, please phone (330)270-2855x125.

**FACT SHEET FOR RECIPEINTS AND CAREGIVERS: EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 16 YEARS OF AGE AND OLDER:** <https://www.fda.gov/media/144414/download>

**Section 3: Consent**

**I have been provided and have read/reviewed the Pfizer COVID-19 Emergency Use Authorization (EUA) for Recipients and Caregivers.**

**I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to the person named above for whom I am authorized to make this request.**

***I, (PRINT NAME) \_\_\_\_\_  
GIVE CONSENT for my child named at the top of this form to be vaccinated with the Pfizer COVID-19 vaccine.***

*I authorize the release of any medical or other information necessary to be released to the state immunization registry, medical providers, insurance payors, government benefits, schools, day care centers and others, as necessary*

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

***I, (PRINT NAME) \_\_\_\_\_  
DO NOT GIVE CONSENT for my child named at the top of this form to be vaccinated with the Pfizer COVID-19 vaccine.***

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_