LOS ANGELES UNIFIED SCHOOL DISTRICT
COVID-19 VACCINATION
CONSENT FOR INDIVIDUALS UNDER 18 YEARS OF AGE

MINOR WHO WILL RECEIVE THE COVID-19 VACCINE:

Name: _____ _____ _____
First Name MI Last Name

Date of Birth: _____
mm/dd/yyyy

Student ID: _____

ACKNOWLEDGMENT BY PERSON AUTHORIZED TO CONSENT TO MINOR'S COVID-19 VACCINATION:

- I have read the applicable Fact Sheet for Recipients and Caregivers: Emergency Use Authorization (EUA) of the Pfizer-BioNtech COVID-19 Vaccine to Prevent COVID-19.
- I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine ("Pfizer Vaccine").
- I acknowledge that only minors 5- through 17-years of age are currently eligible to receive the Pfizer-BioNtech COVID-19 Vaccine, and hereby attest that the individual identified above is within that age range.
- I understand that if the child named above is between 12- and 17-years of age, I am not required to accompany the child named above to the vaccination appointment and, by giving my consent below, the child will receive the Pfizer vaccine whether or not I am present at the vaccination appointment.
- I understand that if the child named above is between 5- and 11-years of age, a parent or guardian must accompany the child named above to the vaccination appointment, or designate, in writing, a responsible adult to do so. I understand that this adult must show photo ID.
- I have been made aware of the California Immunization Registry (CAIR) Notice to Patients and Parents. I understand the immunization data will be entered in the CAIR system and that I have the right to opt out of allowing the information to be shared with other organizations. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting the Request to Lock My CAIR Record web form: https://cairforms.cairweb.org/SharingRequestForm/SharingRequestForm?SharingType=1&Language=En
- I acknowledge that by signing this form, I give the Los Angeles Unified School District, the County of Los Angeles, and participating vaccination partners permission to contact me regarding important vaccine reminders and access to an electronic vaccination record.
- I have received Los Angeles Unified School District's Notice of Privacy Practices.

I hereby authorize that this vaccine be given to the minor named above for whom I am authorized to consent.

_____ _____
Signature of legally authorized representative Date

_____ _____
Name Relationship to child

_____
Phone number (cell phone preferred)

_____
Emergency Contact Name

_____
Emergency Contact Phone number (cell phone preferred)

For 5- through 11-year-olds who will not be accompanied by their parent or legal guardian only:

_____
Name of responsible adult who will accompany the minor