

## Consent to Vaccinate Minor for COVID-19

\_\_\_\_\_  
Minor's First, Middle, and Last Name

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
School Name

As the parent or legal guardian of the above-named minor child aged 16 or 17, I hereby consent for the **Salt Lake County Health Department** to administer the Pfizer 2-dose COVID vaccine to my child while they are under the care of the school listed above.

- ✓ I verify that the above information is correct.
- ✓ I understand students are required to have a 15-minute observation after vaccine administration.
  - I understand that health department nurses will determine if a student requires a 30-minute observation based on past history of vaccine reaction and/or allergy. Nurses will administer Benadryl and/or EpiPen, as needed, per SLCoHD standing order.
- ✓ I understand I will be contacted to pick up my student if they experience an allergic reaction.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date