CONSENT TO COVID-19 VACCINATION AND RELATED TREATMENT FOR MINOR OR INDIVIDUAL WITH A GUARDIAN

Patient Name:	**Patient Date of Birth:**
Patient Address:	
Parent or Guardian Phone Number:	

I am the: ☐ Parent of the minor patient ☐ Legal guardian of the patient

☐ Other person with authority to make healthcare decisions for the patient, describe legal relationship: _____

I hereby attest to the following:

- The Patient is 18 years of age.
- I have the legal authority to agree to the administration of the Johnson & Johnson's Janssen COVID-19 Vaccine ("Vaccine") to the Minor Patient.
- I understand that the U.S. Food and Drug Administration ("FDA") has authorized the emergency use of the Vaccine.
- I have been given access to and read the Vaccine Emergency Use Authorization (EUA) Fact Sheet.
    - For the EUA in English, click here.
    - For the EUA in Spanish, click here.
- I have been given a chance to ask questions about the virus, vaccine, and treatment. I understand the known and potential risks and benefits of the Vaccine and the extent to which such risks and benefits are unknown.
- I understand that I have the choice to accept or refuse the Vaccine for the Patient.
- I agree to give two doses of the Vaccine spaced about three weeks apart to the Patient.
- I understand that the Vaccine is a two-part vaccine series needing two shots and it will not be fully effective until after the second shot.
- I understand as with all vaccines, there is no guarantee that the Patient will become immune or that he/she will not have side effects.
- I understand that the Patient must stay for 15-30 minutes after the vaccination for patient safety.

Based on the above, I ask for the Vaccine to be given to the Patient

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Printed Name of Parent, Legal Guardian, or Other Authorized Individual Date

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Signature of Parent, Legal Guardian, or Other Authorized Individual Date