

**PARENT/GUARDIAN CONSENT FORM
FOR MINOR TO RECEIVE COVID-19 VACCINE**

I, _____, being the parent, guardian or legal representative authorized to consent to medical treatment for the minor child listed below, hereby consent to and permit authorized medical providers of the Corrales Fire Department ("CFD") to administer the COVID-19 vaccine to my child with or without my physical presence.

I understand that following delivery of the vaccine, CFD will observe my child for a 30-minute period to monitor for an adverse reaction if the minor is unaccompanied. Should a reaction occur, I authorize any necessary emergency medical treatment and understand that CFD will notify me as soon as possible. I further acknowledge that this consent may be verified either in person or verbally by telephone before the vaccine is administered if there are questions.

I understand that my child will receive a COVID-19 vaccine approved by the Food and Drug Administration under an Emergency Use Authorization.

I have been given access to the "FACT SHEET FOR RECIPIENTS AND CAREGIVERS" for the COVID-19 vaccine.

[Vaccine Recipient Fact Sheet](#) | [EUA](#) | [Moderna COVID-19 Vaccine \(modernatx.com\)](#)

I understand the benefits and risks of vaccination and I give permission for my child to be vaccinated.

Vaccine Being Administered Moderna 6 month to 5 years

Name of minor receiving vaccine: _____ Date of Birth : _____

Name of parent or legal guardian: _____

Signature of parent of legal guardian: _____

Date: _____

Home phone number of parent or legal guardian: _____



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For Staff ONLY:

The options to provide a minor with vaccine include:

1. Parent attends event and signs the approved consent form on-site
2. Minor brings signed form to event without parent present