PRISMA HEALTH®

2021 Prisma Health Consent for COVID19 Immunization for Minors 12 to 15 years old.

I, _____, parent or legal guardian of_____, a minor child age 12-15 years old, have been provided a copy of the Emergency Use Authorization Fact Sheet and have had an opportunity to read and ask any questions. My questions have been answered to my satisfaction. I understand and on behalf of my minor child accept the benefits, risks, side effects and contraindications of the COVID-19 vaccine. I hereby consent for Prisma Health to provide my minor child with the COVID-19 immunization vaccine. I also understand that there may be other more remote risks that have not been explained to me and on behalf of my minor child, I assume all risk of being administered the COVID-19 vaccine. In the rare event my minor child experiences an emergency condition, I authorize Prisma Health to provide any emergency care that may be required. I have been advised and agree to seek immediate medical attention for serious reactions to my minor child and I will notify their physician. **I further understand that the COVID vaccine requires two doses. I agree and commit that my minor child(ren) will obtain a second dose of the vaccine when indicated. I UNDERSTAND THAT A PARENT OR LEGAL GUARDIAN MUST CAN SIGN CONSENT FOR COVID-19 IMMUNIZATION FOR A MINOR CHILD AGE 12 TO 15 YEARS OLD AND CONFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN.**

By completing this form, I am affirming that my minor child has never had the following:

- a severe allergic reaction after a previous dose of this vaccine
- a severe allergic reaction to any ingredient of this vaccine

Payment: Parent's or authorized guardian's signature: I authorize the release of any medical or other information necessary to process this claim. I also request payment of benefits either to myself or to the party who accepts assignment on the claim form.

_____ Full Name **(PARENT/GUARDIAN – PLEASE PRINT LEGIBLY)**	_____ Date
_____ Parent or Guardian Signature	_____ Relationship to patient
_____ Street Address	_____ State/ Zip Code
_____ Age of Minor/Birth Date	_____ Phone Number