



CATTARAUGUS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.
Cattaraugus County
Health Department

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Established 1923

Kevin D. Watkins, M.D., MPH, Public Health Director

*Gilbert N. Witte, M.D.
Medical Director*

*Colette Lulay-Pound
Administrative Officer*

SECOND DOSE PFIZER COVID-19 VACCINATION CONSENT FORM FOR MINORS

I have been provided and have read, or had explained to me, the information sheet about the Pfizer COVID-19 vaccine. I understand that this vaccine requires that two doses be administered (given) in order for it to be effective. I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to the minor child listed below, for whom I am authorized to make this request and provide consent. I understand that there will be no cost to me for this vaccine. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) for other public health purposes, including reporting to applicable vaccine registries.

Child's Name (Please Print)

Date of Birth

Child's School District

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature

Phone Number

For Internal Use Only

_____ Time of Check-In

_____ Parent/Guardian Signature Verified (Please Initial)



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