

**Students 5 years old - 11 years old ONLY**

**PARENT/GUARDIAN CONSENT FORM & PROXY-AUTHORIZATION  
FOR MINORS 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 City of Newark, Department of Health and Community Wellness "DHCW," to administer the COVID-19 vaccine to my child with or without my physical presence.

I hereby authorize \_\_\_\_\_ as proxy to accompany my child or children to receive a COVID-19 vaccine.

After the vaccine delivery, I understand that DHCW will observe my child for 15 minutes to monitor for an adverse reaction. Should a reaction occur, I authorize any necessary emergency medical treatment and understand that DHCW 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.

[Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers \(fda.gov\)](https://www.fda.gov/oc/ohrt/pfizer-biontech-covid-19-vaccine-eua-fact-sheet-for-recipients-and-caregivers)

I understand the benefits and risks of vaccination, and I authorize my child to be vaccinated.

**Vaccine Being Administered Pfizer-BioNTech**

Name or names of minor child(ren) receiving vaccine \_\_\_\_\_  
\_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Home phone number of parent or legal guardian: \_\_\_\_\_

**\*\* DESIGNATED PROXY MUST BE AT LEAST 21 YEARS OF AGE. PHOTO ID IS  
REQUIRED FOR PROXY \*\***