

**NEW MEXICO DEPARTMENT OF HEALTH
PARENT GUARDIAN CONSENT 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 New Mexico Department of Health (“NMDOH”) to administer the COVID-19 vaccine to my child with or without my physical presence.

I understand that following delivery of the vaccine, NMDOH will observe my child.

- If my child is unaccompanied by an adult, my child will be monitored for a 30-minute period for an adverse reaction.
- If my child is accompanied by an adult, my child may be released to the care of the adult after a 15- minute period for an adverse reaction.
- If my child has a medical condition increasing their risk of a reaction, my child will be monitored for a 30-minute period for an adverse reaction.

Should a reaction occur, I authorize any necessary emergency medical treatment and understand that NMDOH 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/vaccines-blood-biologics/safety-efficacy/understanding-emergency-use-authorizations-euas)

[Vaccine Recipient Fact Sheet | EUA | Moderna COVID-19 Vaccine \(modernatx.com\)](https://www.modernatx.com/usa/healthcare-providers/clinical-trials/clinical-trials-fact-sheet)

[Janssen COVID-19 Vaccine - EUA Fact Sheet for Recipients and Caregivers \(janssenlabels.com\)](https://www.janssenlabels.com/usa/healthcare-providers/clinical-trials/clinical-trials-fact-sheet)

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

Vaccine Being Administered **Pfizer-BioNTech**

Name of minor receiving vaccine: _____

Confirmation Number of minor: _____

Name of parent or legal guardian: _____

Signature of parent of legal guardian: _____

Date: _____

Home phone # of parent or legal guardian: _____

For Staff ONLY: The options to get a minor a vaccine include:

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