

**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 the child named below with or without my physical presence. (Legal representative includes any legally appointed guardian or custodian, or an adult with a properly executed caregiver affidavit).

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

- If child is unaccompanied by an adult, child will be monitored for a 30-minute period for an adverse reaction.
- If child is accompanied by an adult, child may be released to the care of the adult after a 15-minute period of observation for an adverse reaction.
- If child has a medical condition increasing their risk of a reaction, 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 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/special-policies/emergency-preparedness-response-recovery/rapid-response/2020-12-10-pfizer-biontech-covid-19-vaccine-eua-fact-sheet-for-recipient-and-caregiver)

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

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

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

Vaccine Being Administered **Pfizer-BioNTech**

Name of minor receiving vaccine: _____

Confirmation Number of minor: _____

Name of parent, legal guardian, or legal representative: _____

Relationship to the child: _____

Signature of parent legal guardian, or legal representative: _____

Date: _____

Home or work phone # of parent, legal guardian, or legal representative: _____