**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 12+ (including bivalent booster) | [Recipients and Caregivers 12 years of age and older 08312022 (fda.gov)](https://www.fda.gov/media/153716/download) |
| Pfizer 5 – 11 years | [Recipients and Caregivers 5-11 years of age 06282022 (fda.gov)](https://www.fda.gov/media/153717/download) |
| Pfizer 6mo – 4 years | [Pfizer Recipient FS 6m-4y Maroon 06282022 (fda.gov)](https://www.fda.gov/media/159313/download) |
| Moderna 12+/bivalent booster 18+ | [bivalent-dose-recipient.pdf (modernatx.com)](https://eua.modernatx.com/covid19vaccine-eua/bivalent-dose-recipient.pdf) |
| Moderna 6 – 11 years | [6-11y-facts-recipient.pdf (modernatx.com)](https://eua.modernatx.com/covid19vaccine-eua/6-11y-facts-recipient.pdf) |
| Moderna 6mo – 5 yo | [Moderna Recipients FS 6m-5y 06172022 (fda.gov)](https://www.fda.gov/media/159309/download) |
| Novavax 12+ | [Novavax Fact Sheet Recipients 12 and Older (fda.gov)](https://www.fda.gov/media/159898/download) |

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

Vaccine being administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

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:

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