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COVID-19 Pfizer-BioNTech Vaccine Minor Consent Form

I, _____, understand that Shifa Clinic is offering the
(Legal Guardian Name)
Pfizer-BioNTech COVID-19 Vaccine, which is FDA approved for individuals 16 years of age
and older.

Based on my knowledge of the above information, I hereby give _____
(Patient Name)
permission to receive the Pfizer-BioNTech COVID-19 vaccine at Shifa Clinic.

Legal Guardian's Name: _____
(Print Name)

Patient's Name: _____
(Print Name)

Patient's DOB: _____

Legal Guardian's Signature: _____

Date: _____