



**PARENT/GUARDIAN CONSENT TO UNACCOMPANIED MINOR PATIENT'S RECEIPT OF COVID-19 VACCINE**

Essentia Health patients who are under the age of 18 must have written consent from the parent or guardian ("caregiver") to receive the COVID-19 vaccine if a parent/guardian is not physically present to provide consent. Failure to present a signed, written consent form will result in cancellation of the vaccination appointment.

Printed Name of Unaccompanied Minor Patient: \_\_\_\_\_

Unaccompanied Minor Patient's Date of Birth: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

By your signature below, you are agreeing to the following statements:

- Recipient/caregiver is voluntarily accepting the vaccine after opportunity for discussion and questions of risks and benefits. The recipient/caregiver worker has had the opportunity to review the "Fact sheet Recipients and Caregivers" and been informed that the vaccine is an unapproved vaccine that is authorized for use under the EUA. The recipient/caregiver gave verbal acknowledgment of receipt of the information in the Fact Sheet at the administration site. This acknowledgment will be recognized as the recipient/caregiver's authorization or agreement to undergo administration of the COVID-19 vaccine.

\_\_\_\_\_  
Parent/Guardian ("Caregiver") Signature Date

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*FOR ESSENTIA HEALTH USE ONLY - IF WRITTEN CONSENT COULD NOT BE OBTAINED AND VERBAL CONSENT MUST BE OBTAINED. If verbal consent is obtained – the parent/guardian must be directed to the EUA Fact Sheet for Recipients and Caregivers in advance of obtaining consent.*

I, \_\_\_\_\_, witnessed the verbal consent of the above-named parent/guardian for the vaccination of the above-named healthcare worker.

Essentia Health Witness Name: \_\_\_\_\_

Essentia Health Witness Title: \_\_\_\_\_

Date Consent Witnessed: \_\_\_\_\_

Time Consent Witnessed: \_\_\_\_\_

Phone number of parent/guardian that was called: \_\_\_\_\_