

Somerset County Department of Health – COVID-19 Vaccination

Date: _____

Right Arm _____ Left Arm _____

First Name			
Last Name			
Date of Birth	Month	Day	Year
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race <input type="checkbox"/> Prefer Not to Specify		
Address			
City			
State			
Zip			
Phone Number	Area Code	Number	
Ethnic Group	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Prefer Not to Specify		
Email Address			
COVID-19 Vaccine Dose	<input type="checkbox"/> First Dose <input type="checkbox"/> Second Dose <input type="checkbox"/> Third (Additional) <input type="checkbox"/> Booster Manufacturer & Lot Number:		

Pfizer Pediatric: 6 months - 4 years

Somerset County COVID-19 Vaccination Site

Parental/Guardian Consent form for Pfizer COVID-19 Immunization

1. I am the legal parent/guardian of the below named minor.
2. I was given a copy of the FDA's Fact Sheet for Recipients and Caregivers in connection with the Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine. I have read the Fact Sheet and understand the risks associated with the vaccine.
3. I acknowledge that I, along with the minor named below, have the option to either accept or refuse administration of the Pfizer-BioNTech COVID-19 Vaccine.
4. I authorize administration of the Pfizer-BioNTech COVID-19 Vaccine to the minor named below. By signing this waiver, I acknowledge that my child is 6 months to 4 years old.

Parent/Guardian

Printed Name: _____

Signature: _____

Relation to Minor Named Below: _____

Date Authorized: _____

Minor Authorized to Receive Vaccine

Printed Name: _____

Date of birth: _____