



**Hudson County COVID-19 Vaccination Site**  
**USS Juneau Center**  
**110 Hackensack Avenue, Kearny, New Jersey**

**COVID-19 Immunization Parental/Guardian Consent Form for Minors**

1. I am the parent/legal 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 or Moderna COVID-19 Vaccine as selected.
3. I acknowledge that I, along with the minor named below, have the option to either accept or refuse administration of the COVID-19 Vaccine.
4. I authorize administration of the COVID-19 Vaccine to the minor named below.

**Parent/Guardian**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relation to Minor Named Below: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

**Minor Authorized to Receive Vaccine**

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

