



Commonwealth Healthcare Corporation
 Commonwealth of the Northern Mariana Islands
 1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



CONSENT FOR IMMUNIZATION OF MINOR

I confirm that I have read the attached Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers regarding the risks, benefits, and potential side effects associated with COVID-19 vaccination. I am aware that I must contact 682-7468 (SHOT) if I have any questions, or if I have any concerns about COVID-19 vaccination.

By signing this document, I authorize the Commonwealth Healthcare Corporation to

Vaccinate _____ for COVID-19.
(First and Last Name of minor)

I understand that completing a consent and registration form does not guarantee a COVID-19 vaccination and that if my child has some pre-existing medical conditions or allergies, my presence while the minor is being vaccinated may be required.

I also understand that should my child be vaccinated, they will need to:

- ✓ Return if necessary to get the recommended number of doses to complete vaccination protocol for the particular vaccine my child received
- ✓ Be observed for 15-30 minutes after vaccination for any side effects or reactions
- ✓ Receive a COVID-19 Vaccination Record Card
- ✓ Report any side effects experienced at 682-7468/SHOT
- ✓ Continue to wear a mask, wash hands, and watch distance after vaccination

_____ I consent for my child to be vaccinated without a parent/guardian present. I understand that my child may receive medical treatment prior to notification to me should my child experience a severe reaction and I will be contacted as soon as possible at the number provided below.

Parent/Guardian Print Name & Signature _____ Date: _____

Emergency Contact Information

Name: _____ Relationship to patient: _____

Mobile Phone: _____ Home/Work Phone: _____

FOR OFFICIAL USE ONLY:

Patient Name (Last, First): _____ Date of Birth: _____

Hospital Record Number: _____