



**ST. JOHN'S  
UNIVERSITY**

## **Parent/Guardian COVID-19 Vaccine/Booster Consent Form**

### **I. STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Student X Number: \_\_\_\_\_

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

### **II. EMERGENCY USE AUTHORIZATION**

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not undergone the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available is based on the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

### **III. PARENT/GUARDIAN CONSENT**

I have read, or had explained to me, the information sheet about the COVID-19 vaccine. I understand that (a) vaccination requires two doses; the student (my child) will need to be administered two doses for it to be fully effective and/or (b) a booster dose. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccination as described:

- [COVID-19 Pfizer BioNTech Vaccine EUA Fact Sheet for Recipients](#)
- [COVID-19 Moderna Vaccine EUA Fact Sheet for Recipients](#)

I give consent to St. John's University and its staff for the student (my child) named at the top of this form to be vaccinated/boosted. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Print Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_