Sutter Health

CONSENT FOR TREATMENT OF A MINOR PATIENT

_____ _____ _____

Minor Patient's Name: Date of Birth: Age:

To facilitate medical care and treatment of my child,_____,
"Minor Patient," by Sutter Valley or Sutter Bay Medical Foundation the undersigned parent, legal guardian or other person with legal responsibility of the Minor Patient hereby agrees as follows:

1. I am the parent, legal guardian or other person with legal responsibility (describe legal relationship_____) of the Minor Patient and am authorized to make health care decisions on behalf of the Minor Patient.
2. I authorize healthcare providers at Sutter Valley or Sutter Bay Medical Foundation to engage in the following acts:

[Please Check Box]

☐ **Direct Authorization for administration of first dose and second dose of Pfizer-Biotech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19)**. I authorize Sutter Valley or Sutter Bay Medical Foundation to provide the Minor Patient with medical care and treatment in my absence.

3. This authorization is given pursuant to the provisions of California Family Code Section 6910.
4. **Duration**: This authorization shall remain effective for 60 days or until___20____. This authorization may be revoked by me at any time prior to that expiration date by providing Sutter Health with written notice.
5. **Exception**: I understand that the provider can decline the consent any time he or she feels it is necessary for the parent/guardian to be present for treatment.

Date:_____ Signature: _____

Print Name: _____

For office use only	MRN #