



CONSENT TO TREATMENT OF A MINOR PATIENT

Minor Patient's Name: _____

Date of Birth: _____

To facilitate medical care and treatment of my child, _____,
"Minor Patient," by KPC Health Global Medical Centers 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 KPC Health Global Medical Centers 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 KPC Health Global Medical Centers 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 until _____, 20 __. This authorization may be revoked by me at any time prior to that expiration date by providing KPC Health Global Medical Centers 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: _____