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**FACT SHEET FOR RECIPIENTS AND CAREGIVERS
EMERGENCY USE AUTHORIZATION OF THE MODERNA
COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE
2019 (COVID-19) IN INDIVIDUALS
6 MONTHS THROUGH 5 YEARS OF AGE**

I have reviewed the document listed above and I assent to my child receiving the Moderna Covid-19 vaccine.

Child name: _____

Child DOB: _____

Parent Name: _____

Parent signature: _____

today's date (date of vaccination): _____