

**PARENT/GUARDIAN CONSENT FORM
FOR MINOR TO RECEIVE
RSV MONOCLONAL ANTIBODY INJECTION**

I, _____ (name of parent/guardian), being the parent, guardian or legal representative authorized to consent to medical treatment for the minor child listed below, hereby consent to and permit authorized medical providers of _____ (name of practice) (“_____”) to administer Nirsevimab, the RSV preventative monoclonal antibody, by injection to protect my child against severe disease caused by respiratory syncytial virus (“RSV”), which is common, highly contagious, and sometimes deadly. I understand that this injection is recommended by the American Academy of Pediatrics and that more information is available to me at <https://www.aap.org/en/news-room/news-releases/aap/2023/american-academy-of-pediatrics-recommends-medication-to-prevent-rsv-be-given-to-all-infants-and-urges-equitable-access/>. This injection is provided by Sanofi. Additional important safety information is available at www.beyfortus.com.

I have been given the opportunity to read the safety information referenced above, and my provider has explained benefits and risks of this injection, and I hereby give permission for my child to receive this injection.

Name of minor receiving injection: _____

Name of parent or legal guardian: _____

Signature of parent of legal guardian: _____

Date: _____

Cell phone number of parent or legal guardian: _____