



# COVID-19 vaccine Consent Form for Individuals 5-17 Years of Age

## SECTION 1: PATIENT INFORMATION

Child's Legal Name (Last, First, MI)		Child's Nickname/ "Goes By"	Date of birth (mm/dd/yyyy)
Age	Male/Female/Other	Phone Number	
Street Address		City	
County	State	Zip Code	

## SECTION 2: PATIENT INSURANCE INFORMATION

<u>PRIMARY INSURANCE</u>	<u>SECONDARY INSURANCE</u>
Policy holder _____	Policy holder _____
Policyholder date of birth _____	Policyholder date of birth _____
Social Security # _____	Social Security # _____
Relationship to patient _____	Relationship to patient _____

## SECTION 3: INFORMATION ABOUT THE PFIZER COVID-19 VACCINE

Your child is being offered a COVID-19 vaccine made by Pfizer-BioNTech. The PfizerBioNTech COVID-19 Vaccine is approved by the U.S. Food and Drug Administration (FDA) for people over 16 years old, with the brand name Comirnaty. The FDA has also issued an Emergency Use Authorization for Pfizer-BioNTech COVID-19 Vaccine for people ages 5 and older. Both the Pfizer-BioNTech COVID-19 Vaccine and Comirnaty are administered as a 2-dose series, 3 weeks apart, into the muscle.

The vaccine provider will need certain information about your child's medical history before administering the vaccine. The vaccine may not protect everyone from COVID-19 disease. Some people may experience side effects after getting the vaccine. Side effects that have been reported include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, we recommend you wait at least 15 minutes after receiving your vaccine. If you leave the vaccination site before 15 minutes has passed after your vaccination you assume any risks associated with not waiting the recommended amount of time. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body.

Additional information is available in the Pfizer-BioNTech COVID-19 Vaccine "Fact Sheet for Recipients and Caregivers" available at: (Pg. 2)

