

NORTH SOUND PEDIATRICS



COVID-19 VACCINE CONSENT FORM (CHILD UNDER 18)

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____ Child's Age: _____

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. The FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 12 years of age and older under an Emergency Use Authorization (EUA). The PfizerBioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle. The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine 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 Pfizer-BioNTech COVID-19 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 Pfizer-BioNTech COVID-19 Vaccine. For this reason, a vaccination provider may ask the person receiving the vaccine to stay at the place where they received their vaccine for monitoring after vaccination. 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.

The Pfizer-BioNTech COVID-19 Vaccine "Fact Sheet for Recipients and Caregivers" is available at <https://www.fda.gov/media/144414/download>.

CONSENT FOR MINOR'S VACCINATION: I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine and understand the risks and benefits. In providing my consent below, I agree that: 1. I have reviewed this consent form, and I understand that the "Fact Sheet for Recipients and Caregivers," includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine. 2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine. 3. I understand I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child will receive the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment. 4. If I have health insurance that covers the child named above, I give permission for my insurance company to be billed for the costs of administering the PfizerBioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for that portion of the cost of my immunization. 5. I understand that as required by state law, all immunizations will be reported to the Washington State Immunization Information System (WAIS).

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included on this form. (If this consent is not signed, dated, and returned, the child will not be vaccinated.)

Signature of Legally Authorized Representative

Date

Phone Number