

NORTH SOUND PEDIATRICS



MINOR COVID-19 VACCINE CONSENT FORM (MINOR UNDER 18)

Minor's Last Name: _____ Minor's First Name: _____
Minor's Date of Birth: _____ Minor's Age: _____

Please fill out if you represent a second minor:

Minor's Last Name: _____ Minor's First Name: _____
Minor's Date of Birth: _____ Minor's Age: _____

Please fill out if you represent a third minor:

Minor's Last Name: _____ Minor's First Name: _____
Minor's Date of Birth: _____ Minor's Age: _____

The COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. The FDA has authorized the emergency use of the COVID-19 Vaccine to prevent COVID-19 in individuals under an Emergency Use Authorization (EUA). The COVID-19 Vaccine is administered as a 2-3 dose series (depending on age), into the muscle. The COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the COVID-19 Vaccine include injection site pain/redness/swelling, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell, swollen lymph nodes, decreased appetite, diarrhea, vomiting, arm pain, and fainting associated with injection of the vaccine. Myocarditis and pericarditis have occurred in some people. In most of these people, symptoms began within a few days following receipt of a second dose of vaccine. The chance of having this occur is very low. You should seek medical attention if your minor has chest pain, shortness of breath, or the feeling of a fast beating/fluttering/pounding heart after receiving the vaccine. There is a remote chance that the 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 COVID-19 Vaccine. For this reason, a vaccination provider will ask the person receiving the vaccine to stay onsite for a monitoring period of 15-30 minutes 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. If your minor experiences a severe allergic reaction, call 9-1-1 or go to the nearest hospital.

CONSENT FOR MINOR'S VACCINATION: I have reviewed the information on risks and benefits of the 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," which is available online for each vaccine, includes more detailed information about the potential risks and benefits of the COVID-19 Vaccine. 2. I have the legal authority to consent to have the minor named above vaccinated with the COVID-19 Vaccine. 3. I understand I am not required to accompany the minor named above to their vaccination appointment and that, by giving my consent below, the minor will receive the COVID-19 Vaccine whether I am present at the vaccination appointment or not. 4. If I have health insurance that covers the minor named above, I give permission for my insurance company to be billed for the costs of administering the COVID-19 Vaccine. 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 minor(s) named at the top of this form to get vaccinated with the 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 minor(s) will not be vaccinated.

Signature of Legally Authorized Representative _____ Date _____ Phone Number _____