

COVID-19 Vaccine Consent Form (Child/Adolescent)

Please print information about the Child to receive vaccine

CHILD'S NAME (Last)		(First)	(M.I.)	SUFFIX (eg. Jr, III)	
MOTHER'S MAIDEN NAME		DATE OF BIRTH (MM/DD/YYYY)	AGE	PHONE	
ADDRESS			CITY	STATE	ZIP
IS CHILD A TWIN, TRIPLET, ETC? <input type="checkbox"/> Yes <input type="checkbox"/> No		BIRTH STATE		SOCIAL SECURITY NUMBER	
Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male

Screening for Vaccine Eligibility	YES	NO
Has your child ever received a dose of the COVID-19 vaccine? If yes, which vaccine did s/he receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen (Johnson and Johnson) <input type="checkbox"/> Other _____		
Has your child ever had an allergic reaction to: <input type="checkbox"/> a component of a COVID-19 vaccine, including either of the following: -polyethylene glycol (PEG), which is found in some medications, such as laxatives and preps for colonoscopy procedures -polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids <input type="checkbox"/> a previous dose of COVID-19 vaccine <input type="checkbox"/> a vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction		
Has your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication?		
Has your child ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine or any vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.		

CONSENT FOR CHILD'S VACCINATION AND RELEASE OF VACCINATION INFORMATION:

I have read or had explained to me the information contained in the *Emergency Use Authorization Fact Sheet for Recipients and Caregivers* for the COVID-19 vaccine and understand the risks and benefits of the vaccine. I have had a chance to ask questions which have been answered to my satisfaction. I understand the benefits and risks of the vaccine. I understand that if my child exhibits disruptive behavior while staff is trying to administer the vaccine they will not receive the vaccine at this clinic and will have to be taken to the health department or to their provider for this vaccine.

I authorize disclosure of this vaccination information to public health officials and other health care professionals. I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS) for the purposes of sharing vaccination information with other health care providers and tracking vaccine inventory only.

“In the event of an emergency situation, emergency medication (Epinephrine/Benadryl) and/or oxygen may be administered to my child.”

Signature of Parent/Guardian _____ Date: _____

Please print Parent/Guardian name _____

OFFICE USE ONLY

Ask before administration:

Is the client suffering from a moderate or severe acute illness with or without fever?

Is the client pregnant?

VACCINE INFO: Administered by: _____

Date: _____

COVID-19 Pfizer__ Moderna__ Janssen__ Other__

Lot #: _____ Exp Date: _____

Site: R or L arm

Funding Source: VFC State Local