

Walnut Creek Pediatrics COVID-19 Vaccine Consent Form

1 Child's Information (please print):

Child's Name (Last, First, Middle)			Date of Birth	
Street Address		City	State	Zip
Phone Number			Mother's First Name	

2 Information on the risks and benefits of the Pfizer and Moderna COVID-19 Vaccines

A COVID-19 vaccine made by Pfizer is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in people 16 years of age and older. COVID-19 vaccines made by Pfizer have been authorized for emergency use by the FDA and recommended by the CDC for children 6 months through 15 years of age.

A COVID-19 vaccine made by Moderna is approved by the FDA for the prevention of COVID-19 disease in people 18 years of age and older. COVID-19 vaccines made by Moderna have been authorized for emergency use by the FDA and recommended by the CDC for children 6 months through 5 years of age.

The criteria for FDA emergency use authorization include that the known and potential benefits of the vaccine outweigh the known and potential risks of the product.

To learn about the risks, benefits, and side effects of these vaccines, read the *Fact Sheets for Recipients and Caregivers* for the age of your child.

- The Pfizer vaccine fact sheets are on the FDA's webpage: <https://www.fda.gov/media/159313/download>
- The Moderna vaccine fact sheets are on the FDA's webpage: <https://www.fda.gov/media/159307/download>

3 Consent

I have read and understand the information on risks and benefits of COVID-19 Vaccines. I agree that:

1. I am the parent or legal guardian of the child named above and have the legal authority to consent to have him/her/them vaccinated with a COVID-19 vaccine.
2. I understand that if the child named above is 6 months through 15 years of age, a responsible adult must be present when they receive the vaccination. If a parent or legal guardian is unable to accompany the child, I give consent for the responsible adult named below to accompany them.

Name: _____

3. I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by submitting the Request to Lock My CAIR Record form.
4. I understand that by signing this form I give Walnut Creek Pediatrics Medical Group permission to contact me regarding vaccine reminders and access to an electronic vaccination record for the child.
5. I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the vaccine.

I have reviewed and agree to the information included in this form.

I GIVE CONSENT for the child named at the top of this form to be given a COVID-19 vaccine initialed below: *(Please sign your initials next to all of the vaccines you authorize)*

_____ PFIZER (6 mo – 4 yrs)

_____ MODERNA (6 mo – 5 yrs)

Name of Parent/Legal Guardian

Email address

Signature

Date

Address if different from above

Phone Number (if different from above)

Relationship to child

PATIENT NAME: _____ DOB: _____

SECTION 2: SCREENING FOR VACCINE ELIGIBILITY:

The following questions will help determine if there is any reason your child should not get the COVID-19 vaccine. If you answer “yes” to any question, it does not necessarily mean that your child should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

	YES	NO	UNKNOWN
1. Is your child currently feeling sick or ill?			
2. Has your child ever received a dose of the COVID-19 vaccine? If yes, which vaccine? <input type="checkbox"/> Pfizer BioNTech; <input type="checkbox"/> Moderna <input type="checkbox"/> another brand of vaccine _____ Date: _____			
3. Has your child ever had an allergic reaction to: (This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing).			
* A component of a COVID-19 vaccine, including any of the following:			
- Polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures?			
- Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids?			
- A previous dose of COVID-19 vaccine?			
4. Has your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing).			

5. Check all that apply to your child:

Had a severe allergic reaction to another vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies

Has a history of myocarditis or endocarditis

Had COVID-19 and was treated with monoclonal antibodies or convalescent serum within 90 days

Diagnosed with Multi-system Inflammatory Syndrome (MIS-C or MIS-A) after COVID-19 infection

Has a weakened immune system (i.e., HIV infection, cancer)

Takes immunosuppressive drugs or therapies

Has a bleeding disorder

Takes a blood thinner

Has a history of heparin-induced thrombocytopenia (HIT)

Has received dermal fillers

Has a history Guillain-Barre syndrome (GBS)

X: _____ Date: _____

Signature of the Parent/Legal Guardian named above.