

**COVID-19 MINOR (AGES 12+) VACCINE CONSENT FORM
PFIZER**

NPI:1649213125

*Child's Legal Name:		*Date of Birth: / /	Age:	*Gender: M F X	School/Business Name:
Child's Preferred Name (optional):					
*Street Address:		*Town/City:		*Zip Code:	Parent Daytime Phone:
Hispanic or Latino? Circle One: YES/NO		Race:		PCP:	
Insurance:			Policy ID #		
Subscriber:			Subscriber DOB:		

Please answer the following questions about your child. Comments may be written on the back of this form.

	Yes	No	Unknown
1) Is your child at least 12 years old?			N/A
2) Is your child feeling sick today?			N/A
3) Has your child ever had a severe allergic reaction that required epinephrine or hospitalization?			
4) If so, was the severe allergic reaction after receiving a vaccine or other injectable? Which one?			
5) Has your child been diagnosed with Myocarditis or Pericarditis?			
6) Does your child have a bleeding disorder or are they taking a blood thinner?			
7) Has your child received passive antibody therapy as treatment for COVID-19 in the past 90 days?			
8) Has your child ever received a dose of COVID-19 vaccine? If so, which vaccine product?			
9) Is your child's immune system compromised or do they take any medication that affects their immune system?			

If you answered "yes" to any questions 2,3,4,5 please see your healthcare provider before receiving the COVID-19 vaccine

PERMISSION TO VACCINATE

- I am the parent or legal guardian of the above-named child, and I have the legal authority to consent to have the above-named child vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
- I was given a copy of the Pfizer COVID-19 EUA fact sheet and have read it or had it read and explained to me. I, and the above-named child have had an opportunity to ask questions and I understand the benefits and risks of the COVID-19 vaccine.
- I give permission for a record of this vaccination to be entered into the Maine ImmPact Registry.
- The COVID-19 vaccine is provided by the federal government at no charge, however it does not include the cost of administration. Organizations can bill insurance companies for the cost of administration. I give permission for information to be used to bill MaineCare or private insurance for this cost. I understand I will not receive a bill regardless of insurance status.
- I understand that, as the parent/guardian, it is my responsibility to schedule the above-named child's second vaccine 21 days after receipt of the first vaccine.
- I understand that my child will be advised to stay on site today for at least 15 minutes post vaccination and may be further advised to stay for 30 minutes.
- I give consent to administer the Pfizer-BioNTech COVID-19 Vaccine to the child named above whether or not I am present at the vaccination appointment and understand that I am not required to accompany the child named above to their vaccination.
- **By signing below, I give permission for the COVID-19 vaccine to be given to the child named above.**

X _____ **Date:** _____

Signature of parent/guardian of child to be vaccinated

Printed Name of Parent/Guardian: _____ **Relationship to Child:** _____

FOR OFFICE USE ONLY:

	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	EUA date
#1 / /	Pfizer		0.3 cc	X _____	LA	IM multi vial	
#2 / /		RA			State Supplied YES		

UMMS Provider Code: 116737176

Reminder card given? Y N V-Safe sheet given? Y