

Pfizer-BioNTech COVID-19 Vaccine Consent and Screening Form for Individuals Under 18 Years of Age

Section 1: Information About Minor Child to Receive Vaccine (please print)

MINOR'S NAME (Last)		(First)	(M.I.)	MINOR'S DATE OF BIRTH (MM/DD/YEAR):	
MINOR'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander				ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	MINOR'S AGE:	MINOR'S GENDER: M / F
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER <u>AND</u> MOBILE NUMBER:	
CITY	STATE	ZIP			

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"/> Moderna; <input type="checkbox"/> Pfizer; <input type="checkbox"/> Janssen (Johnson & Johnson); <input type="checkbox"/> another brand of vaccine: _____ Date: _____			
3. Has your child ever had an allergic reaction to: <i>(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.)</i>			
• 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? <i>(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.)</i>			

5. Check all that apply to your child:

- Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet, venom, environmental or oral medication allergies
- Had COVID-19 and was treated with monoclonal antibodies or convalescent serum
- Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a 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)
- Is currently pregnant or breastfeeding
- Has received dermal fillers

Section 3: Information on the risks and benefits of the PfizerBioNTech COVID-19 Vaccine

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. There is no U.S. Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. However, the FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals twelve (12) years of age and older under an Emergency Use Authorization (EUA). The Pfizer-BioNTech 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.

Section 4: Consent

I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in Section 3 above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent and screening form.
2. I have read or had read to me the latest (i.e. most recently released) version of the FACT SHEET FOR RECIPIENTS AND CAREGIVERS; EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 12 YEARS OF AGE AND OLDER, available at <https://www.cvdvaccine.com/> or <https://www.fda.gov/media/144414/download>.
3. I have the legal authority to consent to have the minor child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine, which consists of two (2) doses administered 21 days apart.
4. I understand that I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child may receive the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
5. 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.
6. I understand that pursuant to state law, all immunizations will be inputted to the Louisiana Immunization Network (LINKS) registry operated by the Louisiana Department of Health. More information about LINKS can be found at <https://ldh.la.gov/index.cfm/page/3660>.

I GIVE CONSENT to _____ [INSERT VACCINATING ENTITY NAME] to vaccinate the minor child named at the top of this form with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in Section 4 of this form.

Date signed: month ____ day ____ year ____

Signature of the Parent/Legal Guardian named above

Manufacturer	Lot #	Expiration Date	Route	Dose	Injection site	EUA Date
Pfizer-BioNTech			Intramuscular (IM)	0.3mL		5/10/2021
Moderna			Intramuscular (IM)	0.5mL		3/26/2021
Janssen			Intramuscular (IM)	0.5mL		4/23/2021

Entered into LINKS (initial and date) _____ Notes/Comments: _____