

COVID-19 Vaccine Consent Form for Child Under 18

Please print information about the patient to receive the vaccine

PATIENT'S NAME (Last)		(First)	(M.I.)	SUFFIX (eg. Jr, III)	
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX AT BIRTH <input type="radio"/> Female <input type="radio"/> Male			
Screening for Vaccine Eligibility				YES	NO
Has the patient ever received a dose of the COVID-19 vaccine?					
Has the patient ever had an allergic reaction to: <ul style="list-style-type: none"> ○ A component of a COVID-19 vaccine, including either of the following: <ul style="list-style-type: none"> -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 ○ A previous dose of COVID-19 vaccine ○ 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 ○ Another vaccine (other than COVID-19 vaccine) or an injectable medication? 					
Has the patient ever had a severe allergic reaction to any medications, foods, vaccines or latex?					
Does the patient have a history of myocarditis or pericarditis?					
Has the patient ever had COVID-19 and been treated with monoclonal antibodies?					

CONSENT FOR MINOR'S VACCINATION

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

1. I have reviewed this consent form.
2. I have the legal authority to consent to have the child named above vaccinated with the COVID-19 Vaccine.
3. I understand that it is not possible to predict all possible side effects or complications associated with receiving the COVID-19 Vaccine. I understand the risks and benefits associated with COVID-19 Vaccine and have received the "Fact Sheet for Recipients and Caregivers", which includes more detailed information about the potential risks and benefits of the COVID-19 Vaccine. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction.
4. I understand that as required by state law, all immunizations will be reported to the New Jersey Department of Health's Immunization Information System (NJHIS). If I object to my or my family's data being shared with the NJHIS, I can opt out by visiting: <https://www.state.nj.us/health/forms/imm-47.pdf>

I GIVE MY CONSENT to Tender Care Pediatrics to administer the COVID-19 Vaccine to the child named at the top of this form. I have reviewed and agree to the information above.

 PRINT NAME OF PARENT OR LEGALLY AUTHORIZE REPRESENTATIVE

- Parent
 Other legally authorized representative

 SIGNATURE

 DATE