VOLUNTARY CONSENT TO COVID-19 VACCINE FOR MY MINOR CHILD:

I understand that COVID-19 can have serious, life-threatening complications (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), and there is no way to know how COVID-19 will affect me. I further understand that a COVID-19 vaccine may help keep me from becoming seriously ill, even if I do become infected with COVID-19.

☐ I have reviewed my specific vaccine EUA Fact Sheet or have had its contents including the benefits, the usual and most frequent risks of receiving this vaccine, and alternatives explained to me, based upon currently available information. Depending upon the COVID-19 vaccine that I receive, I may require one or two injections. I have had an opportunity to ask questions which have been answered to my satisfaction. I agree to remain at the vaccination location for at least 15 minutes after vaccine is administered in the event of adverse reaction.

I understand that:

- This vaccine is authorized for use under Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA). Under an EUA, the FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products, in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.
- It is unclear how long any potential benefits of the vaccine may last. Additional research is needed to answer this question.
- I may still become ill with COVID-19 and may be able to transmit the virus to other individuals.

I understand and acknowledge record of this vaccine administration to me will be reported to the state and/or federal regulatory bodies in compliance with reporting for inventory management and use of National Stockpile vaccine supply.

Precautions/Contraindications: (Vaccine may not be administered depending on your responses)

Fever or feeling ill today?	☐ No	☐ Yes – Defer until feeling better.
Have you ever received a dose of COVID-19 vaccine?	☐ No	☐ Yes – Ensure same vaccine and appropriate interval
History of severe allergic reaction (e.g., anaphylaxis) to any component of this vaccine?	☐ No	☐ Yes – STOP. Do NOT vaccinate.
History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including this vaccine)?	☐ No	☐ Yes – Requires 30 min observation.
History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy?	☐ No	☐ Yes – Requires 30 min observation.
History of other serious allergic reaction (e.g., anaphylaxis) due to any cause	☐ No	☐ Yes – Requires 30 min observation.

Name of Minor (Print Clearly): _____ DOB: _____

Parent/ Guardian Consenting (Print Name): _____

Signature of Parent/ Guardian Consenting: _____ Today's Date: _____