



### COVID-19 Minor Vaccine CONSENT Form - Pfizer

Child's Name: (Print) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

- Yes or**  **No** Is your child 12 years old or older?
- Yes or**  **No** Does your child have a history of severe allergic reactions (requiring epinephrine or resulting in hospitalization) after receiving a vaccine or other injectable?
- Yes or**  **No** Has your child received passive antibody therapy as treatment for COVID-19 in the last 90 days?
- Yes or**  **No** Has your child received any other vaccine within the last 14 days, or plan to receive any other vaccine in the next 14 days?
- Yes or**  **No** Has your child received any dose of COVID-19 vaccine?  
 If **YES**, which COVID-19 Vaccine has the child received?  
 Pfizer-BioNTech  Moderna  AstraZeneca  Not Sure

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- Yes or**  **No** Is your child currently feeling sick or ill??
  - Yes or**  **No** Is your child currently pregnant or plan to become pregnant?
  - Yes or**  **No** Is your child currently breastfeeding?
  - Yes or**  **No** Is your child immunocompromised or take any medications that affects their immune system?
  - Yes or**  **No** Does your child have a bleeding disorder or are they on a blood thinner?

In providing my consent below, I agree that:

1. I have been provided the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers, and understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
3. 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 appointment.
4. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and I will not be billed for the vaccine. However, the government is not covering the cost of administering the vaccine. If I have health insurance that covers me or my child, I give permission for my insurance company to be billed for the costs of administering the vaccine to my child. If I do not have insurance, I will not be billed for the administration.
5. I give permission for a record of the vaccination to be entered into Centricity EMR and sent to the Maine Immunization Information System, ImmPact Registry.

Parent/Legal Guardian Name: \_\_\_\_\_  
 Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only Below This Line*

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COVID-19 EUA fact sheet given: Yes  No  Medication: Pfizer-BioNTech Date Given:    /    /2021

Route:  IM  Subcutaneous Site: R Deltoid  L Deltoid  Time Given: \_\_\_\_\_

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ NDC #: \_\_\_\_\_ Dose 1  Dose 2

Given By: \_\_\_\_\_