

Voluntary Consent To COVID-19 Vaccine for my Minor Child

Child's Name _____ Date of Birth _____

I hereby attest to the following:

- I am the parent or legal guardian of the minor child.
- The minor patient is 6 months of age or older.
- I have the legal authority to consent to the administration of the Moderna or Pfizer COVID-19 Vaccine to the minor patient.
- I understand that the U.S Food and Drug Administration (FDA) has authorized the emergency use of the Moderna and Pfizer COVID-19 Vaccine for children ages over 6 months.
- I have been provided access to the COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers which is available in our exam rooms or on our website at Catalina Pediatrics.
- I understand the known and potential risks and benefits of the COVID-19 Vaccine and the extent to which such risks and benefits are unknown.
- I understand that the Moderna and Pfizer COVID-19 Vaccine is a multi-part vaccine series given at intervals to the minor child.
- I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to itching, swelling, fainting and anaphylaxis.
- The minor patient and I agree to remain in the observation area for the required time period following vaccine dose administration.

Precautions/Contraindications: Please circle No or Yes

| | | |
|---|----|---|
| 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 (anaphylaxis) to any component of this vaccine? | No | Yes — STOP. Do NOT vaccinate |
| History of severe allergic reaction (anaphylaxis) to another vaccine? | No | Yes — Requires 30 minute observation |
| History of severe allergic reaction (anaphylaxis) to injectable therapy? | No | Yes — Requires 30 minute observation |
| History of severe allergic reaction (anaphylaxis) due to any cause? | No | Yes — Requires 30 minute observation |
| Are you getting allergy immunotherapy shots? | No | Yes — Defer vaccine if has had shot within 72 hours |

Printed Name of Parent/Guardian Consenting _____

Signature of Parent/Guardian Consenting _____

Today's Date _____