

COVID-19 Vaccine Pediatric Consent Form



Parent/Guardian: Answer the following questions to help us safely give your child COVID-19 Vaccine. Vaccine is free. No ID or insurance required.

Information			
Last Name	First Name	Middle in	Telephone number
Mailing address	City	State	Zip code
Email address	Birthdate	Age	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to answer	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Decline to answer	Sex assigned at birth <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Genderqueer/non-binary <input type="checkbox"/> other _____

Parent/Guardian Signature
<p>I have received, read/had explained to me, and understand the COVID-19 vaccine emergency use authorization (EUA) information sheet. I am the parent or legal guardian of the above child and I give permission for my child to receive COVID-19 vaccine. I understand the benefits and risks of COVID-19 Vaccine. I understand my child's immunization information will for into a database other medical providers and school staff use.</p> <p>_____</p> <p>Parent/Guardian Signature</p>
<p>_____</p> <p>Date</p>

For office use only				
Dose <input type="checkbox"/> 0.3ml IM <input type="checkbox"/> _____	Site <input type="checkbox"/> RA <input type="checkbox"/> LA	Manufacturer	Lot #	Expiration Date
EUA sheet Given <input type="checkbox"/>	Date of next dose due	Appointment made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Appointment Date
Vaccinator Signature:				Date: