



COVID-19 Child Vaccine Consent Form

Name (Last, First): _____ DOB: _____ Age: _____

Race: American Indian/Alaskan Native Asian Black/African American Black/Trinidadian
 Native Hawaiian/Pacific Islander White Unknown Other Decline to Answer

Ethnicity: Hispanic or Latino: Yes No Unknown Decline to Answer

The following questions will help us determine if there is any reason your child should not get the COVID-19 vaccine today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions may be asked. If a question is not clear, please ask your healthcare provider.

1. Is your child feeling sick today? _____ Yes _____ No _____ Unsure

2. Have you had COVID-19 in the last 90 days? _____ Yes _____ No _____ Unsure

3. Has your child ever received a dose of the COVID-19 vaccine? _____ Yes _____ No _____ Unsure

a. If yes, which vaccine product(s) did they receive?

Pfizer-BioNTech Moderna Another Product

b. How many doses of COVID-19 vaccine has your child received? _____

4. Does your child have a health condition or are they undergoing treatment that makes them moderately or severely immunocompromised? *This would include, but not limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T- cell therapy, hematopoietic cell transplant [HCT], or moderate or severe primary immunodeficiency.*

_____ Yes _____ No _____ Unsure

5. Has your child received COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies?

_____ Yes _____ No _____ Unsure

6. Has your child ever had an allergic reaction to:

(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)

- A component of a COVID-19 vaccine? _____ Yes _____ No _____ Unsure
- A previous dose of COVID-19 vaccine? _____ Yes _____ No _____ Unsure
- Another vaccine other than the COVID-19 vaccine? _____ Yes _____ No _____ Unsure
- Any medication or food? _____ Yes _____ No _____ Unsure

7. Check all that apply to your child:

- History of Multisystem Inflammatory Syndrome (MICS-C or MIS-A)
- History of myocarditis or pericarditis
- History of thrombosis with thrombocytopenia syndrome (TTS)
- History of Guillain-Barre Syndrome (GBS)
- History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT)
- Have a history of COVID-19 disease within the last 3 months

Guardian relationship to patient: Father Mother Legal Guardian Other

I understand that the COVID-19 vaccine is a voluntary vaccine currently being given under the Emergency Use Authorization status and only a parent or legal guardian has the authority to consent to a minor or adult conservatee receiving this vaccine. By signing this form, I certify that I have legal authority to do so on behalf of the patient identified.

I have read or had explained to me the information contained in the [Fact sheet for Recipients and Caregivers for Moderna 6mn - 11years](#) and [Information for Recipients and Caregivers 12 Years and Older](#) for the COVID-19 vaccine and understand the risks and benefits of the vaccine. I have had a chance to ask questions which have been answered to my satisfaction and understand the benefits and risks of the vaccine. I, on behalf of myself, my heirs, executors, and personal representatives hereby agree to release, indemnify, and hold harmless Tosa Pediatrics, its subsidiaries, affiliates, agents, owners, providers, and employees from any and all claims arising out of, in connection with, or in any way related to the administration of the vaccine.

I acknowledge disclosure of this vaccination to public health officials and other health care professionals. I understand this vaccine will be recorded in the Wisconsin Immunization Registry (WIR) for the purposes of sharing vaccination information with other health care providers and tracking vaccine inventory only.

In the event of an emergency situation, emergency medication (Epinephrine/Benadryl) and/or oxygen may be administered to my child or adult conservatee. In the event of an emergency situation where I am not present, I authorize Tosa Pediatrics' staff to obtain any necessary medical care they deem necessary including but not limited to, obtaining paramedic assistance and transport to a local hospital for additional treatment or observation.

Signature _____ Date _____

For office use only:

Type/Lot: _____ Location: _____ Administered by: _____

DOS: _____ Provider:

TR	TM	NK	KK	JG	MN
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Vaccine:

- 91321 Moderna 6mn-11y
- 91322 Moderna 12+
- VFC stock given
- 91318 Pfizer 6mn-<4yr
- 91319 Pfizer 5yr-<12 yr
- 91320 Pfizer 12+ (Comirnaty)