



# COVID-19 VACCINE CONSENT FOR INDIVIDUALS UNDER 18 YEARS OF AGE

## Section 1: Information about the child receiving the Pfizer-BioNTech or Moderna COVID-19 Vaccine:

Child's Name (Last, First, Middle): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2: Information on the risks/benefits of the Pfizer-BioNTech and Moderna COVID-19 Vaccines:

A COVID-19 vaccine made by **Pfizer** is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in people 16 years of age and older. COVID-19 vaccines made by Pfizer have been authorized for emergency use by the FDA and recommended by the CDC for children 6 months through 15 years of age.

A COVID-19 vaccine made by **Moderna** is approved by the FDA for the prevention of COVID-19 disease in people 18 years of age and older. COVID-19 vaccines made by Moderna have been authorized for emergency use by the FDA and recommended by the CDC for children 6 months through 5 years of age.

The criteria for **FDA emergency use authorization** include that the known and potential benefits of the vaccine outweigh the known and potential risks of the product.

To learn about the risks, benefits, and side effects of these vaccines, read the **Fact Sheets for Recipients and Caregivers** for the age of your child:

- [FDA's Comirnaty/Pfizer-BioNTech COVID-19 Vaccine fact sheet](#)
- [FDA's Spikevax/Moderna COVID-19 Vaccine fact sheet](#)

## Section 3: Consent

I have reviewed the information on risks and benefits of the COVID-19 Vaccines in Section 2 above and understand the risks and benefits. I agree that:

1. I have the legal authority to consent to have the child named above vaccinated with a COVID-19 Vaccine.
2. I reviewed this consent form and have received and read the "Fact Sheet for Recipients and Caregivers". I understand the benefits and risks of the Pfizer and Moderna COVID-19 vaccines.
3. I understand that as required by state law, all immunizations will be reported to the California Immunization Registry (CAIR2). This record shall be treated as confidential medical information, and only shared as required and allowed by law.
4. I acknowledge that both I and the minor named herein assume all risks and agree to hold Sansum Clinic harmless from any adverse consequences resulting from receipt of the vaccine.

**I GIVE CONSENT for the child named at the top of this form to be given a COVID-19 vaccine initialed below:** *(Please initial your name next to all of the vaccines you authorize)*

\_\_\_\_ (initial) **Pfizer** (for ages 6 months through 17 years)  
 \_\_\_\_ (initial) **Moderna** (for ages 6 month through 5 years)  
 \_\_\_\_ (initial) **Pfizer** (for 6 months - 17 years) **or Moderna** (for 6 months - 5 years) *(based on availability)*

Parent or Guardian Name (Last, First, Middle): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Phone Number if different from above: \_\_\_\_\_