



# COVID-19 Vaccine Consent Form for 5-11 Year Old

Please print CLEARLY

Name of Patient/Recipient (Last Name)

(First Name)

Sex:  Male  Female

Date of Birth: / /

MM DD YYYY

### Parent/Guardian/Designated Decision Maker (DDM) Information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I declare that I am the above named patient/recipient's parent or legal guardian and that the patient is between the ages of 5 through 11 years old. I further declare that:

1. The patient has not experienced anaphylaxis (difficulty breathing) or severe allergic reaction to a previous dose of this vaccine.
2. The patient is not currently sick with a fever, active respiratory infection or other moderate/severe illness.
3. The patient has not received monoclonal antibodies or convalescent plasma for the treatment of COVID-19 within the past ninety (90) days.
4. I have been given the opportunity to review and the patient is not allergic to the ingredients in the COVID-19 vaccine.

I understand that if the patient has any of the above conditions, the patient could be at increased risk of having a negative reaction or problem from the vaccine.

I further declare that I have spoken with my provider and am making an informed decision for the patient to receive the vaccine if the patient has any of the following conditions:

1. A bleeding or clotting disorder or is on a blood thinner.
2. Is immunocompromised or taking a medication that affects the immune system (such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease or psoriasis; HIV/AIDS, cancer, leukemia, ankylosing spondylitis or radiation treatments). I understand this vaccine may not be as effective in patients with underlying immune suppression.

I agree to WAIT with the patient near the clinic location for 15 minutes after the patient receives the vaccine. If the patient has previously had a severe allergic reaction to a vaccine or injectable medication, I agree to WAIT with the patient near the clinic location for 30 minutes after the patient receives the vaccine.

I have read (on the back of this form): common risks associated with the COVID-19 vaccine, what to do if the patient has a reaction to the COVID-19 vaccine, and information about the COVID-19 vaccine.

I understand that the vaccination is being given by Inova Health System Foundation and its affiliates (collectively Inova). The owner and/or operator of this site, their affiliates, officers, directors, employees and agents expressly disclaim any responsibility for the vaccination. My consent is given in light of this knowledge, and in consideration of Inova giving the COVID-19 vaccine. I, for the patient, myself and my heirs, administrators, trustees, executors, assigns and successors in interest do hereby agree to release and hold harmless Inova, its subsidiaries, divisions, affiliates, successors, assigns, officers, trustees, employees, volunteers and agents from and against any and all demands, damages, losses, costs, expenses, obligations, liabilities, claims, actions and cause of action (whether any of which is groundless or otherwise) of any nature whatsoever (including, without limitation, reasonable attorney's fees and court costs) by reason of or resulting, in any way, from any and all acts, accidents, events, occurrences, omissions and the like related to, or arising out of, directly or indirectly, the patient's receipt of this COVID-19 vaccine.

Inova makes no warranties, express or implied, including but not limited to, implied warranties of merchantability or fitness for a particular purpose regarding the vaccine or its effectiveness. I acknowledge receipt of Inova's Notice of Privacy Practices.

I have read and understood "What To Do If You Have A Reaction To The COVID-19 Vaccination" and the "Fact Sheet" by the FDA regarding the COVID-19 Vaccination.

I further understand and agree that Inova is required to submit COVID-19 vaccine administration data to the Virginia Immunization Information System (VIIS), and report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

I understand and agree to all the information on this form. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

The patient named above to receive a COVID-19 vaccine is a minor child or someone for whom I have legal authority. I understand and agree to all of the above and through my legal authority, I hereby give my consent to the staff of Inova to administer the COVID-19 vaccine to this patient.

Parent/Guardian/DDM (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian/DDM(print name): \_\_\_\_\_

### Interpreter Information (To be completed by Inova Staff, if applicable):

In person  Telephonic  Video Interpreter name/ID number (if applicable) \_\_\_\_\_

Patient/Designated Decision Maker was offered and refused interpreter  Waiver signed

Vaccine Lot # & Exp. Date	Route	Administered by (legal signature and title)	Amount Paid	Method
Lot # _____ Exp. Date _____ Dose # _____	IM RD <input type="checkbox"/> LD <input type="checkbox"/>		\$ _____	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Certificate <input type="checkbox"/> Credit <input type="checkbox"/> Medicare <input type="checkbox"/> Billable <input type="checkbox"/> Inova

## Common Risks Associated with the COVID-19 Vaccine

### I understand that:

- The common risks associated with the COVID-19 vaccine include, but are not limited to: pain, redness or swelling at the site of injection, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell, or lymphadenopathy (swollen lymph nodes).
- The vaccine may cause a severe allergic reaction which can include anaphylaxis (difficulty breathing), swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness, and/or weakness.
- These may not be all the side effects of the COVID-19 vaccine as the vaccine is still being studied in clinical trials.
- It is not possible to predict all possible side effects or complications which could be associated with the vaccine.
- The long term side effects or complications of this vaccine are not known at this time.

## What to do if you have a Reaction to the COVID-19 Vaccine

- Most people have side effects from the vaccination, but these usually only last 24-48 hours after receipt of the vaccination. A few people may have no side effects at all. Most people will experience pain, redness and/or soreness at the injection site. Many people will have a headache, fever, chills, muscle pain and/or fatigue from the vaccine, particularly after the second dose. A few people will have nausea or swollen lymph nodes (lymphadenopathy).
- In rare circumstances, the vaccine may cause a severe allergic reaction which can include anaphylaxis (difficulty breathing), swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness and/or weakness.

### If you experience any of the following:

- Red, sore arm at and around the injection site:
  - Apply an ice pack to the affected area for comfort.
  - If condition does not improve or worsens in 24 to 48 hours, call your physician.
- Fever, achiness, fatigue and/or headache:
  - For adults 18 and over: Take the non-prescription product that you would usually use for discomfort or fever relief as needed.
  - If condition does not improve or worsens in 24-48 hours, call your physician.
- Unusual or severe reaction (for example, hives, difficulty breathing, wheezing, allergic reaction):
  - Immediately call your physician, call 911 or go to the emergency room or nearest urgent care center.

### In addition, you may report vaccine side effects to the FDA/CDC Vaccine Adverse Event Reporting System (VAERS).

- VAERS toll-free number: 1-800-822-7967
- Report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Pfizer-BioNTech COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

## Information about the COVID-19 Vaccine

- The COVID-19 vaccines are not live virus vaccines so the vaccines cannot infect anyone with COVID-19.
- All needles and syringes are sterile, are one-time use and are safely discarded.
- According to data, the COVID-19 vaccine has a very high rate of protecting those who receive it. The remainder have partial protection and will have greatly lessened symptoms if they do contract COVID-19.
- The vaccine will begin to provide protection about two weeks after the final shot of the series is given (Pfizer and Moderna are considered a two-dose series and Janssen/Johnson & Johnson is considered a one-dose vaccine).
- While the COVID-19 vaccination does provide protection against infection or greatly lessened symptoms if you contract COVID-19, you should continue to practice hand hygiene and use appropriate personal protective equipment (PPE).