NH DIVISION OF Public Health Services
Department of Health and Human Services

Bureau of Infectious Disease Control

Consent to Administer COVID-19 Vaccine to a Person Under the Age of 18 Years

INFORMATION AND INSTRUCTIONS:

The parent or legal guardian of the child or teenager being vaccinated should review the additional information below about the COVID-19 vaccine and follow the instructions.

You will be asked some medical questions about the health of your child to make sure they do not have any allergies that would prevent them from getting the COVID-19 vaccine. Right now, the only COVID-19 vaccine available for people under the age of 18 years is the Pfizer-BioNTech COVID-19 vaccine (sometimes just called the "Pfizer vaccine"). There are two different formulations of this vaccine – a lower-dose vaccine for children 5-11 years of age, and a higher-dose vaccine for people 12 years of age and older. The dose your child or teenager will receive is based on their age and NOT their size or weight. Both formulations of the Pfizer COVID-19 vaccine have been shown to be safe and effective when used within the intended age group. Regardless of age, however, this vaccine requires at least two doses to be given about 21 days apart in order for a person to be protected against COVID-19. So if this is your child's first COVID-19 vaccine, they will need to get a second shot at least 21 days after the first shot. Also, children and teenagers who have a weakened immune system may be able to get a third shot as part of their primary vaccination series to improve their protection. This additional third shot is given at least 28 days after the second shot, but it's only for people who have a moderately or severely compromised immune system. More information about who may benefit from this additional third shot can be found on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html. Finally, all persons 12 years of age or older are recommended to get a "booster" shot after completing their 2-dose or 3dose primary vaccination series (a 3-dose primary vaccine series is for people with a moderately or severely compromised immune system). This booster dose is routinely given starting at least 5 months after completing the primary vaccination series, but people with a weakened immune system may be able to get their booster shot starting at least 3 months after completing their primary vaccination series.

Before your child can be given the COVID-19 vaccine, you need to review the information in a FDA Fact Sheet which should have been provided to you already. There are different Fact Sheets for the different Pfizer vaccines, which can also be found online. The Fact Sheet for vaccinating children 5-11 years old can be found here: https://www.fda.gov/media/153717/download. The Fact Sheet for vaccinating people 12 years of age and older can be found here: https://www.fda.gov/media/153716/download.

If you agree to have your child vaccinated with the age-appropriate Pfizer COVID-19 vaccine, and if there is not a medical reason why your child cannot get the vaccine, then please answer the questions on the next page and follow the instructions to agree (consent) to have your child vaccinated. Then sign and date the form and return the form to the vaccine clinic staff. If you do not want your child to be vaccinated, then do not sign or return the form, and your child will not be given the COVID-19 vaccine.

Name of Person Receiving the Vaccine: _____

Date of Birth: _____ Age: _____

- **Check the box below for the COVID-19 vaccine dose that is to be given to your child:**

☐ **Dose #1**

☐ **Dose #2**

☐ **Dose #3** (this third dose is only for people 5 years of age or older who are moderately or severely immunocompromised)

☐ **Booster Dose** (a booster dose is only able to be given to people 12 years of age or older who have completed a primary vaccination series)

CONSENT FOR MY CHILD TO RECEIVE THE COVID-19 VACCINE:

☐ I have been given and reviewed the age-appropriate FDA Fact Sheet for people receiving the PfizerBioNTech COVID-19 vaccine. I have also been given and reviewed the NH Department of Health and Human Services' Notice of Privacy Practices. By checking the box and signing below, I am acknowledging that I have received and reviewed the information provided, I confirm that the information entered on this form is accurate, and **I GIVE CONSENT** for my child named above to be vaccinated with the ageappropriate Pfizer-BioNTech COVID-19 vaccine.

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

Phone Number of Parent/Legal Guardian (Emergency Contact Number):_____
(Note: vaccine clinic staff may contact you at this number if there are questions about the information you provided on this form.)

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Medical Screening Questions for Persons 5-17 Years of Age Receiving the Pfizer-BioNTech Vaccine

The following questions will help us determine if there is any reason your child should not get the COVID-19 vaccine. If you answer "yes" to any of the questions, it does not necessarily mean your child should not be vaccinated. It just means additional information may be needed. Please answer the questions below for your child who is receiving the vaccine.

Name of Person Receiving the Vaccine: _____

Date of Birth: _____ **Age:** _____

	Yes	No	Don't Know
1. Are you feeling sick today?	☐	☐	☐
2. Have you ever received a dose of a COVID-19 vaccine before? **If yes**, which COVID-19 vaccine product(s) were you previously given? ☐ Pfizer-BioNTech ☐ Moderna ☐ Janssen (Johnson & Johnson)	☐	☐	☐
3. Did you have an allergic reaction after a prior dose of any COVID-19 vaccine? (*Allergic reactions can include symptoms like rash, hives, swelling of the face or mouth, wheezing and difficulty breathing, etc.*) **If yes**, please specify the specific vaccine AND your allergic reaction: _____	☐	☐	☐
4. Do you have a known allergy to an ingredient in the Pfizer-BioNTech COVID-19 vaccine? *(See the provided age-appropriate FDA Fact Sheet for a list of vaccine ingredients)*	☐	☐	☐
5. Do you have a known allergy to polyethylene glycol (PEG)?	☐	☐	☐
6. Do you have a known allergy to polysorbate?	☐	☐	☐
7. Have you ever had any allergic reaction within 4 hours of receiving a non-COVID-19 vaccine or other injectable medication (including medications injected into a muscle, vein, or under the skin)?	☐	☐	☐
8. Have you ever had a severe allergic reaction (like anaphylaxis) due to any other cause, including to medications taken by mouth, food, or other substances?	☐	☐	☐
9. Did you develop myocarditis or pericarditis after receiving a prior dose of either the Pfizer-BioNTech or Moderna COVID-19 vaccine?	☐	☐	☐
10. Do you have a bleeding disorder or are you taking blood thinners?	☐	☐	☐
11. Do you have a health condition that weakens your immune system and makes you moderately or severely mmunocompromised?	☐	☐	☐

Please sign below to confirm that the information on this form is accurate to the best of your knowledge:

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

GREATER SEACOAST COMMUNITY HEALTH

STRAFFORD COUNTY PUBLIC HEALTH NETWORK

Registration and Pre-vaccination Questionnaire

Please complete all sections before going to the clinic. Please print clearly.

CLINIC NAME or LOCATION: _____

First name *(given name)*				
Last name *(family name)*				
Date of Birth	_____/_____/_____			
Parent/Guardian Name & Relationship Providing Consent *(if minor)*				
Gender *(mark with an X)*	Male	Female	Unknown/ Unreported	Other
Ethnicity *(mark with an X)*	Hispanic or Latino/a	Not Hispanic or Latino/a		Don't Know/ Unreported
Race *(check all that apply)*	American Indian or Alaska Native	Asian		Black or African American
	Native Hawaiian or Pacific Islander	White		Unknown/ Unreported
Home address: Street				
Home address: City				
Home address: State				
Home address: Zip Code				
Email address:				

FOR OFFICE USE ONLY:

Vaccinator: Write vaccine type & lot number here: _____ _____

What **dose number** is this? DOSE 1 DOSE 2 DOSE 3 BOOSTER

What **date & time** was the dose administered? _____

Which **deltoid** was the dose administered in: LEFT or RIGHT

Logger: Initial when vaccine logged in VINI _____