

Child COVID-19 Vaccine Consent Form

Vaccine your child is receiving today: Moderna

I have been given a copy and read or have had explained to me the information in the Emergency Use Authorization (EUA) of the COVID-19 Vaccine that my child will be receiving. I understand the benefits and risks of the vaccine and request that the immunization be given to the person named below for whom I am authorized to make this request.

I agree to remain at the vaccination site for at least 15 minutes following the immunization.

I also understand that the information collected on this form will be shared through the Wisconsin Immunization Registry (WIR) with other healthcare providers directly involved with the patient to assure the continuation of health care services.

Child's Name (Last)		(First)	(M.I.)	Child's Age	Date of Birth
Parent's/Legal Guardian's (Last)		(First)	(M.I.)	Child's Gender ___M ___F	
Phone Number		Email Address			
Address		State	Zip Code	County	
Ethnicity (check one) ___ Hispanic ___ Non-Hispanic		Race (check one) ___ African American ___ Asian ___ Native American ___ White ___ Other			

Screening Questions for the person receiving vaccine: If you answer "Yes" to any question 1-4, please call Pierce County Public Health or your health care provider, you may have to delay your child's vaccination.

Please mark YES or NO for each question.	YES	NO
1. Is your child feeling sick today?		
2. Is your child <u>under</u> 12 years of age?		
3. Does your child have a severe allergic reaction to: Any component of a COVID-19 vaccine as listed in the EUA provided to you?		
3. Has your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? If so, date received: _____		
5. Has your child received a COVID-19 vaccine? If yes, date _____ Brand: _____		
6. *Has your child had an allergic reaction to a vaccine or injectable therapy? (you will be asked to stay for 30 min)		
7. *Does your child have any other serious allergies? Please list:		
8. *Is your child immunocompromised or on a medication that affects your immune system?		
9. * Is your child pregnant or breastfeeding?		

CONSENT FOR CHILD'S VACCINATION:

I GIVE CONSENT to the Pierce County Public Health Department and its staff for my child named at the top of this form to be vaccinated.

Signature of Parent/Legal Guardian _____ Date: _____

-----For Office Use Only-----

Date Vaccine Administered: _____

Vaccine	Site	Manufacturer	Lot Number
COVID-19	RD LD		

Signature and Title of Vaccine Administrator: _____