

## MINOR COVID-19 VACCINATION CONSENT FORM

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

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Street Address City State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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Pfizer is currently the only COVID-19 vaccine product that has been fully approved and licensed by FDA. This FDA approval and license is for use in individuals 16 years of age and older only. I understand that this product (other than Pfizer for usage in ages mentioned above only) has not been approved or licensed by the FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals either 5-15 years of age (Pfizer only) or 18 years of age and older (Moderna and Johnson and Johnson); and the emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization is revoked sooner. To learn more about risks, benefits, and side effects of the Pfizer vaccine, please read the Fact Sheet for Recipients and Caregivers:

<https://www.fda.gov/media/144414/download>

I understand that it is not possible to predict all possible side effects or complications associated with receiving any vaccine. The side effects are not severe in most cases and usually resolve within 24 hours. I understand that certain severe allergic reactions have been reported outside of clinical trials. I understand the risks and benefits associated with the above vaccine and have received, read, and/or had explained to me the Emergency Use Authorization FACT SHEET on the COVID-19 vaccine I have elected to receive. I also acknowledge that I have had a chance to ask questions and that such questions were answered to my satisfaction. I have also been informed that I can access V-Safe reporting tool from the Centers for Disease Control at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

I understand that the patient for whom I am granting consent may be asked additional screening questions at their appointment prior to administration of the COVID-19 Vaccine as part of this consent process to determine their eligibility to receive the COVID-19 Vaccine and/or the need for any counseling for them concerning risk based on their responses.

I acknowledge that I have informed the patient for whom I am granting consent that they are advised to remain near the vaccination location for approximately 15 minutes (or more in specific cases) after administration for observation. If I experience a severe reaction, I will call 9-1-1 or go to the nearest hospital. I consent to and authorize all necessary medical treatment by Prism Health Lab and its clinician(s) in the rare event that the patient for whom I am granting consent has an adverse reaction to the vaccine or any other medical event.

On behalf of the patient for whom I am granting consent, I hereby release and hold harmless Prism Health Lab and their staff, agents, successors, divisions, affiliates, subsidiaries, officers, directors, contractors, and employees from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the vaccine listed above.

I acknowledge receipt of Prism Health Lab's Notice of Privacy Practices

If you are under 18 years old, your custodial parent or a legal guardian may consent on your behalf and sign this form; minors may not consent for vaccination unless they are emancipated by a court, pregnant, married, minor-parents, or a "minor seeking primary care" with verification of status in writing by a qualified adult under the IL Consent by Minors Act. If I am signing this document on behalf of a minor, I affirm that I have the legal authority to consent to the minor's medical care.

I have reviewed the information above regarding the Pfizer COVID-19 Vaccine and understand the risks and benefits. In providing my consent below, I agree that:

1. I certify that I am the parent or legal guardian of the child named above and have the legal authority to consent to have him/ her/ them vaccinated with the Pfizer vaccine. Further, I hereby give my consent to Prism Health Lab or its agents to administer the COVID-19 vaccine.
2. I understand that if the child named above is **5 through 15 years of age**, a responsible adult must be present when they receive the vaccination. If a parent or legal guardian is unable to accompany the child, I give consent for the responsible adult named below to accompany them. I understand that any accompanying adult must show photo ID\*.
3. I understand that if the child named above is **16 or 17 years of age**, it is recommended that a parent, legal guardian, or responsible adult be present when the child is vaccinated. I understand that by giving my consent below, the child will receive the Pfizer Vaccine whether or not I am present.
4. I understand that, as required by state law, all immunizations will be reported to the state's vaccination registry, Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). I understand the purposes/ benefits of Illinois' immunization registry, I-CARE, and I understand the information in the child's I-CARE record will be shared with the local health department, State Department of Public Health, Centers for Disease Control (CDC), and/or other federal agencies. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. I can access the I-CARE Fact Sheet for Parents and Patients at <https://dph.illinois.gov/topics-services/prevention-wellness/immunization/icare>
5. I understand that I will not have to pay for either the vaccine or the cost of administering it.

(Continues below)

I GIVE CONSENT for the child named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in this form.

Name of Parent or Legal Guardian (Last, First, Middle)

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Signature of Parent or Legal Guardian

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

Address if different from above:

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Phone Number (cell phone preferred) \_\_\_\_\_

Relationship to child \_\_\_\_\_

For 5 through 15-year-olds who will not be accompanied by their parent or legal guardian only:

\_\_\_\_\_

Name of the responsible adult whom I authorize to accompany the child

I am an emancipated or self-sufficient minor or married or previously married.  
(If you check this box, you will be asked to attest to this at your vaccine appointment.)

\*Exception: If the minor is being vaccinated at school, consent is required; however, the school's guidance should be followed as to whether a parent/legal guardian or named adult needs to be present.