

# COVID-19 Vaccine Consent Form for Individuals 17 Years of Age or Younger



## Section 1: Information about the child to receive COVID-19 Vaccine (please print):

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*Child's Name (Last, First, MI)*

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*Date of Birth  
(mm/dd/yyyy)*

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*Age*

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*Street Address*

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*City*

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*State*

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*Zip*

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*Phone Number*

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## Section 2: Information about COVID-19 Vaccine

Your child is being offered a COVID-19 vaccine made by either Pfizer-BioNTech or Moderna. The Pfizer- BioNTech COVID-19 Vaccine is approved by the U.S. Food and Drug Administration (FDA) for people over 16 years old, with the brand name Comirnaty. The FDA has also issued Emergency Use Authorizations for Pfizer-BioNTech COVID-19 Vaccine and Moderna Vaccine for children ages 6 months through 17 years. The vaccines are authorized for primary vaccination and as booster shots. The number of doses (shots of vaccine into the muscle) that you child will need to be fully vaccinated will vary depending on which vaccine your child receives, your child's age, and your child's medical history.

The vaccine provider will need certain information about your child's medical history before administering the vaccine. Those questions are available here [www.mass.gov/ CDCScreeningForm](http://www.mass.gov/CDCScreeningForm).

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The vaccine may not protect everyone from COVID-19 disease. Vaccinating children can help to prevent children from getting seriously sick if they do get COVID-19 disease.

Some people may experience side effects after getting the vaccine. Reported side effects are like those experienced after routine vaccines such as tiredness, fever, or pain at the spot where the shot was given. Side effects may affect your child's ability to do daily activities, but they should go away within a few days. Side effects are more common after the second shot. Some children have no side effects.

Learn more about [potential side effects in children after COVID-19 vaccination](#).

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, a vaccination provider may ask that the person receiving the vaccine to stay at the place where they received their vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include difficulty breathing, swelling of the face and throat, a fast heartbeat, and/or a bad rash all over the body.

Additional information is available in the manufacturers' fact sheets, available at:

- [Pfizer-BioNTech Recipients and Caregivers 6 months through 4 years \(fda.gov\)](#)
- [Pfizer-BioNTech Recipients and Caregivers 5 through 11 years of age \(fda.gov\)](#)
- [Pfizer-BioNTech Recipients and Caregivers 12 years of age and older \(fda.gov\)](#)
- [Moderna Recipients and Caregivers 6 months through 5 years \(fda.gov\)](#)
- [Moderna Recipients and Caregivers 6 through 11 years \(fda.gov\)](#)
- [Moderna Recipients and Caregivers 12 years and older \(fda.gov\)](#)

**More information about COVID-19 vaccination for children and teens can be found at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html>**

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## Section 3: Consent

**CONSENT FOR MINOR'S VACCINATION:** I have reviewed the information in Section 2 above and understand the risks and benefits. In providing my consent below, I agree that:

- I have reviewed this consent form, and I understand that the "Fact Sheet for Recipients and Caregivers," includes more detailed information about the potential risks and benefits of the COVID-19 Vaccines.
- I have the legal authority to consent to have the child named above vaccinated against COVID-19.
- I understand I am not required to accompany the child named above to their vaccination appointment and that, by giving my consent below, the child will receive COVID-19 Vaccine whether or not I am present at the vaccination appointment.
- If I have health insurance that covers the child named above, I give permission for my insurance company to be billed for the costs of administering the vaccine. The government is paying for the vaccine itself, and I will not be billed for that portion of the cost of my immunization.
- I understand that as required by state law, all immunizations will be reported to the Department of Public Health Massachusetts Immunization Information System (MIIS). I can access the MIIS Fact Sheet for Parents and Patients, at [www.mass.gov/dph/miis](http://www.mass.gov/dph/miis), for information on the MIIS and what to do if I object to my or my family's data being shared with other providers in the MIIS.

**I GIVE CONSENT** for the child named at the top of this form to get vaccinated with the COVID-19 Vaccine and have reviewed and agree to the information included in **Section 3** of this form. (If this consent is not signed, dated, and returned, the child will not be vaccinated.)

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*Signature of Legally Authorized Representative*

*Date*