



COVID-19 VACCINE MINOR CONSENT FORM FOR INDIVIDUALS AGED 17 AND YOUNGER

Section 1 – Information of minor to receive COVID-19 Vaccine (please print):

Minor's Last Name		Minor's First Name		Minor's Middle Name	
Date of Birth (MM/DD/YYYY)		Minor's Age	Minor's Weight (lbs):	Parent/Guardian Phone Number	
Street Address, City, State, Zip Code				Parent/Guardian Email	
Mother's Maiden Name (Maiden Last Name, First Name)					
Gender: (Check one)		Race: (Check one)			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Decline to Answer		<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer			

Section 2 – Screening Questions

	YES	NO	DON'T KNOW
1. Is the minor feeling sick today? (i.e. fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 10 days, has the minor tested positive for COVID-19 infection or is he/she currently being monitored for COVID-19 infection (e.g. in quarantine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the minor had an allergic reaction to a component of a COVID-19 vaccine, including: <ul style="list-style-type: none"> • Polyethylene glycol (PEG), which is found in some medications such as laxatives and preparations for colonoscopy procedures • Polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids • A previous dose of COVID-19 vaccine 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the minor ever had an allergic reaction to another vaccine or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused him/her to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Check all that apply to the minor receiving the vaccine:			
<input type="checkbox"/> Male between ages 12 and 39 years old <input type="checkbox"/> Has a history of myocarditis or pericarditis <input type="checkbox"/> Had a severe allergic reaction to something other than a vaccine or injectable therapy such as food, pet venom, environmental or oral medication allergies <input type="checkbox"/> Had COVID-19 and was treated with monoclonal antibodies or convalescent serum <input type="checkbox"/> Diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a COVID-19 infection <input type="checkbox"/> Have a history of thrombosis with thrombocytopenia following an adenovirus-vectored vaccine (e.g. Johnson & Johnson, Astrazeneca or Sputnik COVID-19 vaccines)	<input type="checkbox"/> Has a bleeding disorder <input type="checkbox"/> Takes a blood thinner <input type="checkbox"/> Has a weakened immune system (i.e., HIV infection, cancer) or take immunosuppressive drugs or therapies <input type="checkbox"/> Have a history of heparin-induced thrombocytopenia (HIT) <input type="checkbox"/> Is currently pregnant or breastfeeding <input type="checkbox"/> Has received dermal fillers <input type="checkbox"/> Have a history of Guillain-Barré Syndrome (GBS) <input type="checkbox"/> Have received the COVID-19 vaccine before or during hematopoietic cell transplant (HCT) or CAR-T-cell therapies		





Note: Please continue to page 2.

FOR OFFICE USE ONLY – SARS CoV-2 VACCINATION RECORD

COVID-19 Vaccine: Primary Series: <input type="checkbox"/> Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/> Dose 4 Bivalent Booster: <input type="checkbox"/> Dose 1	Date Administered: Dose: _____ mL Route: Intramuscular (IM)
Manufacturer: <input type="checkbox"/> Pfizer Maroon Cap (6 months-4 years) <input type="checkbox"/> Pfizer Orange Cap (5-11 years) <input type="checkbox"/> Pfizer Gray Cap (12 years +) <input type="checkbox"/> Novavax	Site: <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Anterolateral Thigh <input type="checkbox"/> Right Anterolateral Thigh
Lot #: _____ Expiration Date: _____	Vaccine Administered By Print Name: Signature:
EUA Fact Sheet or VIS Given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Title: <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> Pharmacist <input type="checkbox"/> _____
VIS Date: _____	

Section 3 – Information on the risks and benefits of the COVID-19 vaccine

- COVID-19 vaccines are authorized for use through a full-approval or an emergency use authorization (EUA) issued by the U.S Food and Drug Administration (FDA).
- The FDA-approved Comirnaty (COVID-19 Vaccine, mRNA) and the FDA-authorized Pfizer-BioNTech COVID-19 Vaccine have the same formulation and may be used interchangeably in minors aged 12 years or older to provide the COVID-19 vaccination series.
- The COVID-19 vaccine has shown to be effective at helping to protect against severe disease and death caused by SARS CoV-2.
- All vaccines have risks and side effects, and there may be risks that are not known yet.
- To learn more about the risks and benefits of the COVID-19 vaccine, read the appropriate fact sheet based on the authorized age group below:

COVID-19 VACCINE INFORMATION				
	AUTHORIZED AGE GROUP	PRIMARY SERIES	INTERVAL	FACT SHEET
<input type="checkbox"/>	Pfizer-BioNTech 12 years of age and older (Primary Series and Bivalent Booster)	2 doses	3-8 weeks	
<input type="checkbox"/>	Pfizer-BioNTech 5 to 11 years of age (Primary Series and Bivalent Booster)	2 doses	3-8 weeks	
<input type="checkbox"/>	Pfizer-BioNTech 6 months to 4 years of age	3 doses	Dose 1 to 2 (21 days) Dose 2 to 3 (8 weeks)	
<input type="checkbox"/>	Novavax 12 years of age and older	2 doses	3-8 weeks	

Note: After completion of the primary series, individuals may be eligible for a booster or an additional dose.

Section 4 – Consent

I have reviewed the information on the COVID-19 Vaccine in Section 3. I understand and agree that:

- I have had the chance to ask questions that were answered to my satisfaction.
- I have the legal authority to consent to have the child named in section 1 to be vaccinated with the COVID-19 vaccine.
- Children aged 17 years and younger may receive the COVID-19 vaccine only with a parent or legal guardian present.
- As required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health, shall be treated as confidential medical information, and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting the [Request to Lock My CAIR Record](#).
- By signing this form, I give San Bernardino County and participating vaccination partner's permission to contact me regarding COVID-19 vaccine reminders and access to electronic vaccination records for the child.
- I will not have to pay for either the COVID-19 vaccine or the cost of administering the vaccine. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the vaccine and a copy of my health insurance information will be collected.

By checking the box, I give consent for the child named in Section 1 of this form to be vaccinated with the COVID-19 vaccine. I release San Bernardino County, its employees, and representatives from any liability or further responsibility with regard to receiving the vaccine.

Section 5 – Parent or guardian information and signature of consent

<i>Parent/Guardian Last Name</i>	<i>Parent/Guardian First Name</i>	<i>Parent/Guardian Middle Name</i>
<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Relationship to Child</i>	<i>Date</i>
<i>Address (if different from above)</i>		

SELF-ATTESTATION OF EMANCIPATION ONLY

By checking this box, I attest that I am legally emancipated minor, married or previously married.

<i>Signature of Emancipated Minor</i>	<i>Date</i>
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