



Pfizer-BioNTech COVID-19 Vaccine Consent Form for Children 5-11 Years of Age



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

_____	_____	_____
Child's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Age

Street Address		
_____	_____	_____
City	State	Zip Code
_____	_____	
Parent/Guardian Name	Phone Number	

Health Insurance: COVID-19 vaccines are 100% free to all individuals in the U.S. Health insurance is not required to receive the vaccine. We do request insurance information because the health department will be seeking reimbursement for administration costs. Only insurance companies or the federal government can be billed for vaccine administration fees, not patients. There is NO out-of-pocket or co-pay costs for the vaccine.

If I have health insurance that covers the child named above and sign this consent, you are giving permission for your insurance company to be billed for the costs of administering the Pfizer-BioNTech COVID-19 Vaccine. The government is paying for the Pfizer-BioNTech COVID-19 Vaccine itself, and you will not be billed for that portion of the cost of the child's immunization.

Patient Name: _____ Date of Birth: _____

Name of Insurance: _____

Policy #: _____

Policy Holder Name: _____ Date of Birth: _____

Relationship to Patient: _____

Please check if the child does not have health insurance.

Section 2: Information on the risks and benefits of the PfizerBioNTech COVID-19 Vaccine

The Pfizer-BioNTech COVID-19 Vaccine may prevent the person vaccinated from getting COVID-19. There is no U.S. Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. However, the FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine to prevent COVID-19 in individuals 5 - 11 years of age under an Emergency Use Authorization (EUA).

The PfizerBioNTech COVID-19 Vaccine is administered as a 2-dose series, 3 weeks apart, into the muscle.

The Pfizer-BioNTech COVID-19 Vaccine may not protect everyone. Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes. There is a remote chance that the Pfizer-BioNTech COVID-19 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 Pfizer-BioNTech COVID-19 Vaccine. For this reason, a vaccination provider may ask 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.

The Pfizer-BioNTech COVID-19 *Vaccine Information Fact Sheet for Recipients and Caregivers about the Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) For Use in Individuals 5 Through 11 Years of Age* is attached hereto.

Section 3: Consent

CONSENT FOR MINOR'S VACCINATION: I have reviewed the information on risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine in Section 2 above and understand the risks and benefits. In providing my consent below, I agree that:

1. I have reviewed this consent form, and I understand that the Vaccine Information Fact Sheet includes more detailed information about the potential risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine.
2. I have the legal authority to consent to have the child named above vaccinated with the Pfizer-BioNTech COVID-19 Vaccine.
3. 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 the Pfizer-BioNTech COVID-19 Vaccine whether or not I am present at the vaccination appointment.
4. In accordance with Section 2168 of the Public Health Law which governs vaccination reporting for school-aged persons under the age of 19, I understand the child's COVID-19 vaccination record will be linked to his/her existing records with the New York State Immunization Information System (NYSIIS)

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 Section 3 of this form. (If this consent is not signed, dated and returned, the child will not be vaccinated.)

Signature of Legally Authorized Representative

Date