



Bureau of Infectious Disease Control

Consent to Administer the COVID-19 Vaccine

Name of Person Receiving the Vaccine: _____

Date of Birth: _____ Age: _____

VINI Appointment # (if applicable) _____

INFORMATION AND INSTRUCTIONS:

The parent or legal guardian of the child or teenager being vaccinated should read the instructions below and review the additional information provided about the COVID-19 vaccine.

You will be asked some medical questions about the health of your child to make sure they do not have any allergies that would prevent them from getting the COVID-19 vaccine. Right now, the only COVID-19 vaccine allowed by the U.S. Food and Drug Administration (FDA) to be given to people under the age of 18 is the Pfizer-BioNTech COVID-19 vaccine (sometimes just called the “Pfizer Vaccine”), which has been shown in multiple studies to be both safe and highly effective. This vaccine requires two doses given about 21 days apart in order for a person to be considered fully vaccinated and have the highest level of protection and longest lasting protection against COVID-19. So if this is your child’s first COVID-19 vaccine, they will need to get a second shot about 21 days after the first shot.

If you agree to have your child vaccinated with the COVID-19 vaccine, please read the statement below, check the box agreeing to have your child vaccinated, and then sign the form and return. If you do not want your child to be vaccinated, then do not sign or return the form, and your child will not be given the COVID-19 vaccine. If you have any questions or concerns, please reach out to the person organizing the vaccine clinic for your child.

CONSENT FOR MY CHILD TO RECEIVE THE COVID-19 VACCINE:

I have been given and reviewed the FDA Fact Sheet for Recipients and Caregivers of persons receiving the Pfizer-BioNTech COVID-19 vaccine; this fact sheet can also be found online at: <https://www.fda.gov/media/144414/download>. I have also been given and reviewed the NH DHHS Notice of Privacy Practices, and the handout “Information about the COVID-19 Vaccine for Persons with Certain Health Conditions” (you may only be provided this if applicable to your child). By checking the box and signing below, I am acknowledging that I have received and reviewed the information provided, and I agree (I give my consent) to have my child vaccinated with the COVID-19 vaccine.

I GIVE CONSENT for my child named above to be vaccinated with the Pfizer-BioNTech COVID-19 vaccine.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian: _____

Phone Number of Parent/Legal Guardian (Emergency Contact Number): _____