

ACKNOWLEDGMENT OF POTENTIAL RISKS OF COVID-19 VACCINE

It is important that you, as the patient or patient’s legally authorized representative(s), understand and acknowledge the following, with regard to administration of the COVID-19 vaccine offered by Ochsner Health:

- The SARS-CoV-2 virus (“COVID-19”) has caused an unprecedented modern global pandemic that has mobilized scientists and drug manufacturers to work to create safe and effective vaccines to get the crisis under control.
- No vaccine is released in the United States without undergoing rigorous, multi-layered testing and approval by the Food and Drug Administration.
- During a public health emergency, however, vaccines can be released for patient administration by the FDA prior to completion of multi-phase clinical trials and approval. This is done by the FDA’s granting of Emergency Use Authorization (“EUA”) when the vaccine meets reasonable thresholds for safety and effectiveness and people are in urgent need of care. Under an EUA, the FDA has found that known and potential benefits outweigh its known and potential risks.
- The vaccine for which your child is presenting to Ochsner Health has been released under an EUA, which Ochsner Health is honoring in its distribution of the vaccine to the public. While the FDA’s authorization indicates its belief that usage is recommended over possible risks, there is still the possibility that unknown risks of the vaccine could exist.
- By signing this document, you acknowledge and assume these risks. Further, you waive any and all claims of liability against and hold harmless any Ochsner entity or provider for any harm caused to your child by said possible unknown risks of the vaccine.

ACKNOWLEDGMENT

I have read, understand, and acknowledge the above information and risks and agree to the above-described waiver of claims.

Parent/Guardian	Signature	Date
Witness Name (please print)	Signature	Date