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NI-I DIVISION OF  
Public Health Services

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## Bureau of Infectious Disease Control

### Consent to Administer COVID-19 Vaccine to a Person Under the Age of 18 Years

#### **INFORMATION AND INSTRUCTIONS:**

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

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 available for people under the age of 18 years is the Pfizer-BioNTech COVID-19 vaccine (sometimes just called the "Pfizer vaccine"). There are two different formulations of this vaccine — a lower-dose vaccine for children 5-11 years of age, and a higher-dose vaccine for people 12 years of age and older. The dose your child or teenager will receive is based on their age and NOT their size or weight. Both formulations of the Pfizer COVID-19 vaccine have been shown to be safe and effective when used within the intended age group. Regardless of age, however, this vaccine requires two doses to be given about 21 days apart in order for a person to be considered fully vaccinated and have the best 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. Also, people who have a weakened immune system may be able to get a third shot to improve their protection. This additional third shot is given at least 28 days after the second shot, but it's only for people who are 12 years of age or older who have a moderately to severely compromised immune system. More information about who may benefit from this additional third shot can be found on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncovivaccines/recommendations/immuno.html>.

Before your child can be given the COVID-19 vaccine, you need to review the information in a FDA Fact Sheet which should have been provided to you already. There are different Fact Sheets for the different Pfizer vaccines, which can also be found online. The Fact Sheet for vaccinating children 5-11 years old can be found here: <https://www.fda.gov/media/153717/download>. The Fact Sheet for vaccinating people 12 years of age and older can be found here: <https://www.fda.gov/media/153716/download>.

If you agree to have your child vaccinated with the age-appropriate Pfizer COVID-19 vaccine and if there is not a medical reason why your child cannot get the vaccine, then please answer the questions on the next page and follow the instructions to agree (consent) to have your child vaccinated. Then sign and date the form and return the form to the vaccine clinic staff. 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.

Name of Person Receiving the Vaccine: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

➤ Check the box below for the COVID-19 vaccine dose number that is to be given to your child:

- ☐ Dose #1
- ☐ Dose #2
- ☐ Dose #3 (a third dose is only for people 12 years of age and older who are moderately to severely immunocompromised)

➤ If your child is receiving a second or third dose of the COVID-19 vaccine, did your child experience any serious or severe side effects or allergic reactions after an earlier vaccine dose?

*(If your child only experienced the normal mild side effects after an earlier vaccine dose like injection site pain, redness, or swelling; or body symptoms like fatigue/tiredness, headache, muscle aches, joint aches, fever, chills, etc. then please check the "no" box)*

- ☐ Question does not apply this will be my child's first dose of the vaccine
- ☐ No
- ☐ Yes — Please specify the serious/severe reaction your child had after an earlier vaccine dose:

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

- ☐ I have been given and reviewed the age-appropriate FDA Fact Sheet for people receiving the Pfizer-BioNTech COVID-19 vaccine. I have also been given and reviewed the NH Department of Health and Human Services' Notice of Privacy Practices. By checking the box and signing below, I am acknowledging that I have received and reviewed the information provided, I confirm that the information entered on this form is accurate, and I GIVE CONSENT for my child named above to be vaccinated with the age-appropriate Pfizer-BioNTech COVID-19 vaccine.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

*(Note: vaccine clinic staff may contact you at this number if there are questions about the information you provided on this form.)*