



St. Louis Language Immersion School

COVID-19 VACCINE AT SLLIS

When: Friday 14 October 2022

Where: At SLLIS during School Hours

Need: Consent Form for Covid19 Vaccination

Necesita: Consentimiento para el virus de covid-19

Cost: Covid19 Vaccine is free.

Costo: Todo es gratuito con o sin tarjeta médica.

Return the Consent by 11 October Tuesday to Nurse Voss or
NURSE@SLLIS.ORG complete both sides please.

Devuelve el papel (ambos lados) con firma a la Enfermera Voss o enviar a
NURSE@SLLIS.ORG antes del Martes 11 Oct 2022.

New consents are needed for the second covid19 vaccine.

Nueve consentimientos necesitan por cada vacuna.

Minor COVID-19 Vaccination Consent

PATIENT INFORMATION: School Name: _____

Name Last: _____ First: _____

Date of Birth (M/D/Y): _____ Age _____ Sex: M ___ F ___ Transgender ___ Self-Identify _____

Address: _____ City: _____

State: ___ Zip: _____ PCP/Clinic Name: _____ PCP/Clinic Phone: _____

PARENT/GUARDIAN INFORMATION:

Name Last: _____ First: _____

Email: _____ Phone _____

EMERGENCY CONTACT:

Name Last: _____ First: _____

Relationship to Patient: _____ Phone _____

HEALTH HISTORY (For school vaccination events: If any answers to these questions change after the form is submitted, please contact the School Nurse.):

1. Is your child moderately or severely ill today? Yes _____ No _____
2. Does your child have allergies to food or medications? Yes _____ No _____
3. Has your child ever had a serious reaction after a vaccination or any injectable medication? Yes _____ No _____
4. In the past 10 days, has your child tested positive for COVID-19? Yes _____ No _____
5. In the past 10 days, has your child had contact with another person with a positive COVID-19 test? Yes _____ No _____
6. Has your child received a COVID-19 vaccine before? If yes, list date(s) Yes _____ No _____

This form must be signed by parent or guardian to verify eligibility and signify consent to receive the indicated vaccine. I understand that this COVID-19 vaccine is approved by the FDA for ages 12 and older (Pfizer) and for ages 18 and older (Moderna) and is authorized for emergency use and not approved by the FDA for other ages, additional primary series doses, or booster doses. I have had a chance to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine and request that the vaccine be given to the person for whom I am authorized to make this request.

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures. The CICP can also provide benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral medication, any other drug, any biologic, any diagnostic, any other device, or any vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, the transmission of SARS-CoV-2 or a virus mutating from SARS-CoV-2, or any device used in the administration of and all components and constituent materials of any such product. Information about the Countermeasures Injury Compensation Program and filing a claim is available by calling 1-855-266-2427 or visiting <http://www.hrsa.gov/cicpj>.

Signature: _____ Date: _____

Please complete dose selection on back of form.

Check the dose you are requesting to be given to the person for whom you are authorized to make this request.

PRIMARY SERIES

For individuals 6 months – 4 years (OR individuals 5 years of age who started a primary series with Moderna) (Moderna-BLUE)

Dose 1

Dose 2 (4 weeks after 1st dose)

For individuals 5 years – 11 years (Pfizer-ORANGE)

Dose 1

Dose 2 (3 weeks after 1st dose)

For individuals 12 years and older (Pfizer-GRAY)

Dose 1

Dose 2 (3 weeks after 1st dose)

ADDITIONAL PRIMARY SERIES DOSE for immune compromised

For individuals **6 months – 4 years (OR individuals 5 years of age who started a primary series with Moderna) with moderately to severely compromised immune systems** (at least 4 weeks after the 2nd dose) **(Moderna-BLUE)**

For individuals **5 years – 11 years with moderately to severely compromised immune systems** (at least 4 weeks after the 2nd dose) **(Pfizer-ORANGE)**

For individuals **12 years and older with moderately to severely compromised immune systems** (at least 4 weeks after the 2nd dose) **(Pfizer-GRAY)**

FIRST BOOSTER DOSE

For individuals **5 years – 11 years** (at least 5 months after the 2nd dose) **(Pfizer-ORANGE)**

For individuals **5 years – 11 years with moderately to severely compromised immune systems** (at least 3 months after the 3rd dose) **(Pfizer-ORANGE)**

For individuals **12 years and older** (at least 5 months after the 2nd dose) **(Pfizer-GRAY)**

For individuals **12 years and older with moderately to severely compromised immune systems** (at least 3 months after the 3rd dose) **(Pfizer-GRAY)**

SECOND BOOSTER DOSE

For individuals **12 years and older with moderately to severely compromised immune systems** (at least 4 months after the first booster dose) **(Pfizer-GRAY)**