Consent to Administer COVID- 19 vaccine

Cincinnati Children's Hospital Medical Center will offer a 2-dose COVID-19 vaccine to students ages 12+

COMPLETE THIS FORM ONLY IF YOU WILL ALLOW YOUR CHILD TO RECEIVE A 1st and 2nd DOSE of the COVID-19 VACCINE

Please complete all questions on the form.

SCHOOL NAME:				**GRADE/HR:**
PLEASE PRINT STUDENT INFORMATION				
STUDENT NAME (Last, First)				**MRN/Control #:**
Date of Birth:	Sex at Birth: ☐ Female ☐ Male ☐ Other	Ethnic Group: ☐ Hispanic ☐ Non-Hispanic	Parent/Primary Caregiver (if different than patient): *(Required Field)*	
Race: ☐ Alaskan Native ☐ AM American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian ☐ White ☐ Prefer not to Disclose ☐ Unknown				
Street Address:	City:	State:	County:	Zip Code:
Home Phone:	Alternate/Cell:	Email Address *(Required Field)*		

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone:_____

Are we able to leave messages with your emergency contact? ☐ Yes ☐ No

PRESCREENING QUESTIONS:

1. Has the child tested positive for COVID-19 in the past 10 days? ☐ Yes ☐ No
2. Does the child have any of the following new or worsening symptoms: cough, vomiting, diarrhea, fever, new loss of sense of smell, new loss of sense of taste, sore throat, or runny nose? ☐ Yes ☐ No
3. Is the child currently under quarantine by the health department (includes notices by school/daycare/workplace) for COVID-19 exposure? ☐ Yes ☐ No
4. Has the child received antibody or plasma treatment given by a needle into the vein for COVID-19 in the past 90 days? ☐ Yes ☐ No
5. Has the child had a severe allergic reaction from a vaccine or after a medicine was given by a needle or in the vein that caused trouble breathing, the use of an Epi-Pen, or emergency medical treatment? ☐ Yes ☐ No
6. Has the child received any vaccine in the past 14 days? ☐ Yes ☐ No
7. Has the child received the first dose of the COVID vaccine? ☐ Yes ☐ No If yes, when and where?

Where_____ When_____

If you answered "Yes" to questions 1, 2, 3, 4, or 6 the child will not be permitted to receive the COVID vaccine at this time. Please contact your Primary Care Provider to determine when your child can get it.

If you answered "Yes" to question 5 please schedule your vaccine at Cincinnati Children's Hospital or with your Primary Care Provider. You can schedule an appointment by visiting https://www.cincinnatichildrens.org/patients/coronavirus-information/vaccines/schedule

EMERGENCY USE AUTHORIZATION (EUA) OF THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 12 YEARS OF AGE AND OLDER

You are being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.
The Pfizer-BioNTech COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19. The Pfizer-BioNTech 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.

WHO SHOULD GET THE PFIZER-BIONTECH COVID-19 VACCINE?
FDA has authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine in individuals 12 years of age and older.

WHO SHOULD NOT GET THE PFIZER-BIONTECH COVID-19 VACCINE?
You should not get the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

WHAT ARE THE BENEFITS OF THE PFIZER-BIONTECH COVID-19 VACCINE?
In an ongoing clinical trial, the Pfizer-BioNTech COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 3 weeks apart. The duration of protection against COVID-19 is currently unknown.

WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?
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, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing, swelling of your face and throat, a fast heartbeat, a bad rash all over your body, dizziness and weakness

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- severe allergic reactions, non-severe allergic reactions such as rash, itching, hives, or swelling of the face, injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, swollen lymph nodes (lymphadenopathy), diarrhea, vomiting, arm pain

Acknowledgment: *I acknowledge and agree that I have read and understand the statements contained within this form and all my questions have been answered. I have been informed about the purpose of the COVID-19 vaccine, potential risks and benefits. I voluntarily consent and allow Cincinnati Children's Hospital Medical Center, hereafter referred to as "CCHMC", to administer the COVID Vaccine to my child. The second dose must be given 21 days after the first dose is received. Your child will receive their second dose at the same place they got their first dose.*

Print Name of Parent/Primary Caregiver: _____ Cell Phone: _____

Date: _____

Email Form

I attest that I am parent/primary caregiver and consent to the administration of Covid19 vaccine.