COVID-19 Vaccine Consent Form for Child Under 18 or Adult Conservatee

Please print information about the patient to receive vaccine

PATIENT'S NAME (Last)	(First)	(M.I.)	**SUFFIX** (eg. Jr, III)

DATE OF BIRTH (MM/DD/YYYY)	**AGE†**	**PHONE** ( )	☐ Cell ☐ Home

ADDRESS	**CITY**	**STATE**	**ZIP**

SEX AT BIRTH ☐ Female ☐ Male	**GENDER IDENTITY** (*optional*) ☐ Female ☐ Male ☐Non-binary ☐ Unknown ☐ Prefer not to say	**Ethnicity:** ☐ Hispanic/Latino ☐ Unknown ☐ Not Hispanic/Latino

RACE ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Guardian relationship to client: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other

I understand that the COVID-19 vaccine is a voluntary vaccine currently being given under the Emergency Use Authorization status and only a parent or legal guardian has the authority to consent to a minor or adult conservatee receiving this vaccine. By signing this form, I certify that I have the legal authority to do so on behalf of the patient identified above and will indemnify Oklahoma City-County Health Department against challenges to this consent or my status as legally able to provide consent for this vaccine.

Guardian's State or Federally issued ID # _____

Screening for Vaccine Eligibility	**YES**	**NO**
Has the patient ever received a dose of the COVID-19 Pfizer-BioNTech vaccine?		
Has the patient ever had an allergic reaction to: ☐ a component of a COVID-19 vaccine, including either of the following: -polyethylene glycol (PEG), which is found in some medications, such as laxatives and preps for colonoscopy procedures -polysorbate, which is found in some vaccines, film coated tablets, and intravenous steroids ☐ a previous dose of COVID-19 vaccine ☐ a vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 component, but it is not known which component elicited the immediate reaction ☐ another vaccine (other than COVID-19 vaccine) or an injectable medication?		
Has the patient ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a vaccine or injectable medication? This would include food, pet, venom, environmental, or oral medication allergies.		
Does the patient have a history of myocarditis or pericarditis?		
Has the patient ever had COVID-19 and been treated with monoclonal antibodies or convalescent plasma?		

I understand that should I have any questions about the COVID-19 vaccine, need assistance filling out this form, or need any other information regarding COVID-19 I can contact the Oklahoma City County Health Department at (405) 425-4489 prior to signing this form or at the vaccine distribution location.

CONSENT FOR DEPENDENT'S VACCINATION AND RELEASE OF VACCINATION INFORMATION:

I have read or had explained to me the information contained in the *Emergency Use Authorization Fact Sheet for Recipients and Caregivers* for the COVID-19 vaccine and understand the risks and benefits of the vaccine. I have had a chance to ask questions which have been answered to my satisfaction I understand the benefits and risks of the vaccine. I understand that if my dependent exhibits disruptive behavior while staff is trying to administer the vaccine, they will not receive the vaccine at this clinic and will have to be taken to the health department or to their provider for this vaccine.

I authorize disclosure of this vaccination information to public health officials and other health care professionals. I understand that this vaccination will be recorded in the Oklahoma State Immunization Information System (OSIIS) for the purposes of sharing vaccination information with other health care providers and tracking vaccine inventory only.

I acknowledge that I can access a copy of Oklahoma City County Health Department's HIPPA Privacy Notice as required by the Health Information Portability and Accountability Act (HIPPA) at https://www.occhd.org/about/contact-us/hippa. I acknowledge a copy of the manufacturer's COVID-19 Fact Sheet for Recipients and Caregivers is provided prior to receiving the vaccine. This information can also be accessed at https://www.vaxokc.com/eua. Vaccine information statements for Pfizer can be at www.cvdvaccine.com.

For health and safety reasons masks must be worn at all times during a vaccination event. If my child or adult conservatee does not have a mask one will be provided to him or her to wear during the vaccination event. By signing this form, I hereby give my consent to have my child or adult conservatee wear a mask during the vaccination process with OCCHD.

"In the event of an emergency situation, emergency medication (Epinephrine/Benadryl) and/or oxygen may be administered to my child or adult conservatee. In the event of an emergency situation where I am not present, I authorize Oklahoma City County Health Department staff or designee to obtain any necessary medical care they deem necessary including, but not limited to, obtaining paramedic assistance and transport to a local hospital for additional treatment or observation."

Signature of Parent/Guardian_____Date:_____

Please print Parent/Guardian name_____

****FOR OFFICIAL USE ONLY****

Client Name (Last, First, MI) _____ Client DOB (MM/DD/YYYY)_____

<table>
<tr><td colspan="3">OFFICE USE ONLY – DO NOT WRITE BELOW</td></tr>
<tr><td colspan="3">Ask before administration:

Is the client suffering from a moderate or severe acute illness with or without fever? ☐ Y ☐ N
Is the client pregnant? ☐ Y ☐ N

Client completed the manufacturer's screening questions: ☐ Y ☐ N</td></tr>
<tr><td>Vaccine Manufacturer:

Lot #:

Exp. Date:</td><td>Site:
☐ LT DELTOID IM
☐ RT DELTOID IM
☐ LT VAST LAT IM
☐ RT VAST LAT IM</td><td>Dose Number: ☐ 1st ☐ 2nd

EUA*/VIS given? ☐ Y ☐ N

Reaction? ☐ Y ☐ N</td></tr>
<tr><td colspan="3">Vaccination Complete? ☐Complete ☐Refused ☐Not administered ☐Partially administered
☐No recorded completion status</td></tr>
<tr><td colspan="3">Provider Signature:</td></tr>
</table>