



COVID-19 Vaccine Consent For Individuals Under 18 Years of Age



1 Child's Information (please print):

Child's Name (Last, First, Middle)

Date of Birth (mm/dd/yyyy)

Street Address

City

State

ZIP Code

Phone Number

2 Information on the benefits and risks of the Pfizer/Comirnaty, Moderna, and Novavax COVID-19 Vaccines in Children ages 6 months through 17 years

The vaccines listed below are authorized for emergency use by the Food and Drug Administration (FDA) and recommended by the Centers for Disease Control and Prevention (CDC) for the following uses:

- The **monovalent (original) Moderna and Pfizer COVID-19 vaccines** - as a primary series for children ages 6 months and older.
- The **Novavax COVID-19 vaccine** - as a primary series for children ages 12 and older.
- The **bivalent (updated) Pfizer COVID-19 vaccine** - as a booster dose for children ages 5 and older and as the 3rd dose of the primary series for children ages 6 months through 4 years.
- The **bivalent (updated) Moderna COVID-19 vaccine** - as a booster dose for children ages 6 months and older.

In addition, the **monovalent (original) Pfizer vaccine Comirnaty** is approved by the FDA for use as a two-dose primary series for children ages 12 years and older.

The criteria for FDA emergency use authorization (EUA) include that the known and potential benefits of the vaccine outweigh the known and potential risks of the product.

To learn about the risks, benefits, side effects, and EUA of these vaccines, read the *Fact Sheets for Recipients and Caregivers* for the age of your child on the appropriate FDA webpage:

- Pfizer - [Comirnaty and Pfizer-BioNTech COVID-19 Vaccine](#) FDA webpage
- Moderna - [Spikevax and Moderna COVID-19 Vaccine](#) FDA webpage
- Novavax - [Novavax COVID-19 Vaccine, Adjuvanted](#) FDA webpage

3 Consent

I have read and understand the information on benefits and risks of COVID-19 vaccines. I agree that:

1. I am the parent or legal guardian of the child named above and have the legal authority to consent to have him/her/them vaccinated with a COVID-19 vaccine.
2. I understand that if the child named above is 6 months through 15 years of age, a responsible adult must be present when they receive the vaccination. If a parent or legal guardian is unable to accompany the child, I give consent for the responsible adult named below to accompany them.*
3. I understand that if the child named above is 16 or 17 years of age, it is recommended that a parent, legal guardian, or responsible adult be present when the child is vaccinated. I understand that by giving my consent below, the child will receive a COVID-19 vaccine whether or not I am present.





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4. I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the [California Immunization Registry \(CAIR2\)](#). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by submitting the [Request to Lock My CAIR Record](#) form.
5. I understand that by signing this form I give the County of Los Angeles and participating vaccination partners permission to contact me regarding vaccine reminders and access to an electronic vaccination record for the child.
6. I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have health insurance, I understand that my insurance company may be billed for the costs of administering the vaccine.

I have reviewed and agree to the information included in this form.

I GIVE CONSENT for the child named at the top of this form to be given a COVID-19 vaccine as indicated below: *(Please sign your initials next to all of the vaccines you authorize)*

____ (initial) ☐ **Pfizer/Comirnaty** ____ (initial) ☐ **Moderna** ____ (initial) ☐ **Novavax**

____ (initial) ☐ **Pfizer/Comirnaty, Moderna, or Novavax** *(based on availability)*

Name of Parent or Legal Guardian (Last, First, Middle)

Signature

Date

Address if different from above

Phone Number (cell phone preferred)

Relationship to child

For children 6 months through 15 years of age who will not be accompanied by their parent or legal guardian only:

Name of responsible adult whom I authorize to accompany the child

- ☐ I am an emancipated or self-sufficient minor or married or previously married.
(If you check this box, you will be asked to attest to this at your vaccine appointment.)

*Exception: If the minor is being vaccinated at school, consent is required; however, the school's guidance should be followed as to whether a parent/legal guardian or named adult needs to be present.

