

# Consent form for Comirnaty (Pfizer) COVID-19 vaccination: children aged 5 to 11 years

Child's name:		Date of birth:	
Parent/guardian name:			

## Please answer the following:

Yes No

- Has your child recently been sick with a cough, sore throat or fever, or been feeling unwell?
- Has your child had COVID-19 before?
- Has your child had a COVID-19 vaccination before?
- Has your child had a serious reaction to a vaccine or medication?
- Does your child have a weakened immune system (immunocompromised) or any immune disorders?
- Does your child have a bleeding disorder or other blood disorder, or take any medicine to thin their blood?
- Has your child ever had any problems with their heart?

If you answered yes to any of the above questions, your child may still be able to receive the Pfizer COVID-19 vaccine, however you should talk to your child's GP, immunisation specialist, or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.

## Consent to receive COVID-19 Vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination for the child named above
- I confirm that none of the above conditions apply to this child, or that I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccine provider
- I am the child's parent, guardian or substitute decision-maker
- I have the authority to provide consent for this child and I agree to the child named above receiving the Pfizer COVID-19 vaccine

Parent/guardian/substitute decision maker's name:			
Parent/guardian/substitute decision maker's signature:		Date:	