NH DIVISION OF Public Health Services
Department of Health and Human Services

Bureau of Infectious Disease Control

Consent to Administer COVID-19 Vaccine to a Person Under the Age of 18 Years

INFORMATION AND INSTRUCTIONS:

The parent or legal guardian of the child or teenager being vaccinated should review the additional information below about the COVID-19 vaccine and follow the instructions.

You will be asked some medical questions about the health of your child to make sure they do not have any allergies that would prevent them from getting the COVID-19 vaccine. Right now, the only COVID-19 vaccine available for people under the age of 18 years is the Pfizer-BioNTech COVID-19 vaccine (sometimes just called the "Pfizer vaccine"). There are two different formulations of this vaccine – a lower-dose vaccine for children 5-11 years of age, and a higher-dose vaccine for people 12 years of age and older. The dose your child or teenager will receive is based on their age and NOT their size or weight. Both formulations of the Pfizer COVID-19 vaccine have been shown to be safe and effective when used within the intended age group. Regardless of age, however, this vaccine requires two doses to be given about 21 days apart in order for a person to be considered fully vaccinated and have the best protection against COVID-19. So if this is your child's first COVID-19 vaccine, they will need to get a second shot about 21 days after the first shot. Also, people who have a weakened immune system may be able to get a third shot as part of their primary vaccination series to improve their protection. This additional third shot is given at least 28 days after the second shot, but it's only for people who have a moderately or severely compromised immune system. More information about who may benefit from this additional third shot can be found on CDC's website: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html. Finally, all persons 12 years of age or older are able to get a "booster" shot after completing their 2-dose or 3-dose primary vaccination series (a 3-dose primary vaccine series is for people with a moderately or severely compromised immune system). For 12-17 year olds, this booster dose is given starting at least 5 months after completing the primary vaccination series.

Before your child can be given the COVID-19 vaccine, you need to review the information in a FDA Fact Sheet which should have been provided to you already. There are different Fact Sheets for the different Pfizer vaccines, which can also be found online. The Fact Sheet for vaccinating children 5-11 years old can be found here: https://www.fda.gov/media/153717/download. The Fact Sheet for vaccinating people 12 years of age and older can be found here: https://www.fda.gov/media/153716/download.

If you agree to have your child vaccinated with the age-appropriate Pfizer COVID-19 vaccine and if there is not a medical reason why your child cannot get the vaccine, then please answer the questions on the next page and follow the instructions to agree (consent) to have your child vaccinated. Then sign and date the form and return the form to the vaccine clinic staff. If you do not want your child to be vaccinated, then do not sign or return the form, and your child will not be given the COVID-19 vaccine.

Name of Person Receiving the Vaccine: _____

Date of Birth: _____ **Age:** _____

- **Check the box below for the COVID-19 vaccine dose that is to be given to your child:**
  - ☐ **Dose #1**
  - ☐ **Dose #2**
  - ☐ **Dose #3** (this third dose is only for people 5 years of age or older who are moderately or severely immunocompromised)
  - ☐ **Booster Dose** (a booster dose is only able to be given to people 12 years of age or older who have completed a primary vaccination series)

CONSENT FOR MY CHILD TO RECEIVE THE COVID-19 VACCINE:

☐ I have been given and reviewed the age-appropriate FDA Fact Sheet for people receiving the Pfizer-BioNTech COVID-19 vaccine. I have also been given and reviewed the NH Department of Health and Human Services' Notice of Privacy Practices. By checking the box and signing below, I am acknowledging that I have received and reviewed the information provided, I confirm that the information entered on this form is accurate, and **I GIVE CONSENT** for my child named above to be vaccinated with the age-appropriate Pfizer-BioNTech COVID-19 vaccine.

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

Phone Number of Parent/Legal Guardian (Emergency Contact Number):_____
(Note: vaccine clinic staff may contact you at this number if there are questions about the information you provided on this form.)