

Pfizer-BioNTech COVID-19 Vaccine Consent

1. Patient Name _____ DOB _____

2. Information on the risks and benefits of the Pfizer COVID-19 Vaccine

The Pfizer COVID-19 vaccine is either approved for use (16 years and older) or authorized for emergency use (6 months to 15 years) by the Food and Drug Administration for the prevention of COVID-19 disease. I have read the Fact Sheet for Recipients and Caregivers that lists the benefits and side effects of the Pfizer vaccine. Potential risks include:

There is a remote chance that the 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 vaccine. For this reason, your child's vaccination provider may ask your child to stay at the place where your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of the face and throat
- A fast heartbeat
- A bad rash all over the body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if your child has any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

I GIVE CONSENT for the child or patient named at the top of this form to get vaccinated with the Pfizer-BioNTech COVID-19 Vaccine and have reviewed and agree to the information included in this form.

Signed: _____

Date: _____

Signature of Parent or Guardian or Patient