



Consent Form for children and young people

COVID-19 mRNA Vaccine BNT162b2 (Pfizer/BioNTech)

The COVID-19 vaccination will reduce the chance of your child suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.

The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill.

Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them. Please read the patient information leaflet for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card.

You can also report suspected side effects on the same website or by downloading the Yellow Card app Visit coronavirus-yellowcard.mhra.gov.uk

Full name (first name and surname):
Home address:
NHS Number (if known)
GP Name and address

Date of Birth:	Age:	Ethnicity:
Daytime contact telephone number:		
Gender:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say

If, after discussion, you decide that you do not want your child to have the vaccine, it would be helpful if you would give the reasons for this below.

Consent for COVID-19 Vaccinations

I <u>want</u> my child to receive the full course of COVID-19 Vaccinations
Parent / Carer Name (Legal Guardian):
Signature:
Date:

Thank you for completing this form

Office use only

Vaccine Patient Specific Direction <i>(for Doctors only)</i>		Dose	Route	Freq	Date	Signature	GMC No.				
COVID-19 mRNA Vaccine BNT162b2 (Pfizer/BioNTech)		30 micrograms in 0.3mL	I / M	Stat	DD / MM / YY						
Date of vaccination	Time	Vaccine Dose		Site of injection <i>(please circle)</i>				Priority Group	Batch Number	Expiry date	Brand of Vaccine
DD / MM / YY	00 : 00	1st	2nd	Left Arm	Right Arm	Left Thigh	Right Thigh			MM / YY	Pfizer/BioNTech
Immuniser name and signature <i>(please print)</i>						Where administered <i>(care home etc)</i>					

PRE-ASSESSMENT QUESTIONNAIRE

Protecting the staff: if they answer YES to the questions below please advise the parent/carer and child to go straight home and follow current government guidance.

Does your child have any symptoms of COVID-19? These may include:

• New continuous cough?	Yes	No
• Loss of taste and/or smell?	Yes	No
• A fever?	Yes	No
• New shortness of breath?	Yes	No

Are they waiting for a COVID-19 test?	Yes	No
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If you have answered yes to any of the above questions, you and your child should immediately go home, self-isolate and phone 111 for a COVID-19 test.

If they answer **YES** to the next group of questions please inform the clinical staff as **THEY WILL NOT** be able to have the vaccination today.

Has your child had a previous systemic allergic reaction (including immediate onset anaphylaxis) to a previous dose of COVID-19 mRNA vaccine BNT162b2 or to any component of the vaccine or residues from the manufacturing process? <i>(Refer to Product Information Leaflet for a full list of the ingredients)</i> <i>(Refer to guidance in Green Book Chapter 14a for administration of a subsequent dose if allergic reaction to first dose.)</i>	Yes	No
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Does your child have a history of: • <i>immediate anaphylaxis to multiple, different drug classes, with the trigger unidentified (this may indicate Poly Ethylene Glycol (PEG) allergy);</i> • <i>anaphylaxis to a vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injection, laxative); or</i> • <i>idiopathic anaphylaxis?</i>	Yes	No
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Is your child suffering from a high temperature or fever? <i>[Patients suffering from acute severe febrile illness are excluded under the PGD, the presence of a minor infection is not a contraindication for vaccination]</i>	Yes	No
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Has your child received a dose of COVID-19 vaccine within the last 28 days?	Yes	No
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Has your child already completed a full course of COVID -19 vaccination?	Yes	No
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The following questions relate to cautions in relation to the COVID-19 mRNA vaccine. If you have questions please read the information leaflet or discuss with the clinical staff.

Does your child have a condition or receive treatment that severely affects their immune system?	Yes	No
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Has your child received any other vaccination in the past 7 days? <i>(It should not be routine to offer appointments to give this vaccine at the same time as other vaccines. Scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events, individuals should be informed about the likely timing of potential adverse events relating to each vaccine.)</i>	Yes	No
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Does your child have a bleeding disorder?	Yes	No
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Are they taking any blood thinners?	Yes	No
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Are they participating in a clinical trial of COVID -19 vaccines? <i>(To be referred back to trial investigators for approval before vaccinating)</i>	Yes	No
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Is your child feeling unwell today?	Yes	No
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If you have answered YES to any of the questions above you **MUST** speak to a Healthcare Practitioner for further advice.

I can confirm that I have received and read a copy of the Patient Information Leaflet (PIL).	Yes	
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