



Consent Form for children and young people aged 12-17 years

Comirnaty® COVID-19 mRNA vaccine

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. The leaflet sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Child's 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 for parent or carer:		
Gender:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
School (if relevant):	Year group/class:	

Consent for COVID-19 Vaccinations

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

I DO NOT want my child to receive the full course of COVID-19 Vaccinations	
Parent / Carer Name (Legal Guardian):	
Relationship to child:	
Signature:	Date:

Download the 'What to expect after your COVID-19 vaccination' leaflet at gov.im/vaccinations. It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk

Please remember to complete the other side of this form

Office use only

Vaccine Patient Specific Direction <i>(for Doctors only)</i>		Dose	Route	Freq	Date	Signature	GMC No.				
Comirnaty® COVID-19 mRNA vaccine		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>					



Manx Care (Primary Care) is committed to protecting your privacy and will only process personal confidential data in accordance with Data Protection Act 2018, the Data Protection (Application of GDPR) Order 2018, the Common Law Duty of Confidentiality and the Human Rights Act 2001 for details visit gov.im/manxcare-privacy.

Manx Care, Noble's Hospital, Strang, Braddan, Isle of Man IM4 4RJ Telephone (01624) 650 000.

Adapted from Manx Care Pfizer Consent Form IMM 102 05/2021 V4

Ref: IMM112c 1121 V3

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

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 Comirnaty® COVID-19 mRNA vaccine 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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Has your child had Covid -19 or tested positive for Covid -19 in the last 12 weeks? <i>(If your child is in an 'at risk' priority group (PG 6, PG 18 or PG 19) this time period is reduced to 28 days)</i>	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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Gillick guidelines checklist

TO BE COMPLETED BY THE PROFESSIONAL

Child's name	Child's date of birth

The information below is required by the immunising clinician if the consent form is not signed by a parent/ carer and the young person wants to receive the immunisation. A young person has competency to consent when they:

Understand which immunisation is to be given?	Yes	No
Understand what coronavirus is?	Yes	No
Understand the risks of not having the vaccine and the possible side effects of the vaccine?	Yes	No
Can retain the information?	Yes	No
Can use or weigh up the information provided as part of their own decision making process?	Yes	No
Are free from any pressure to consent?	Yes	No
Can communicate that decision to the healthcare professional?	Yes	No

Healthcare Professional comments, actions or additional notes

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Name (In CAPITALS):	Profession:
Signature:	Date:

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