



PEDIATRIC ASSOCIATES MEDICAL GROUP, INC.
PRACTICE LIMITED TO INFANTS, CHILDREN, AND ADOLESCENTS

COVID-19 VACCINE CONSENT FOR UNDER 18 YEARS OF AGE

Child's Information:

Patient Name: _____ DOB: _____

Information on the risks and benefits of the Pfizer/Moderna COVID-19 Vaccine:

_____ The Pfizer COVID-19 vaccine is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in individuals 6 months of age and older. The vaccine is authorized by the FDA for emergency use in children 6 months to 17 years of age. I have read the Fact Sheet for Recipients and Caregivers about the Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 Vaccine.

_____ The Moderna COVID-19 vaccine is approved by the Food and Drug Administration (FDA) for the prevention of COVID-19 disease in individuals 6 months up to 6 years of age. The vaccine is authorized by the FDA for emergency use in children up to 6 years of age. I have read the Fact Sheet for Recipients and Caregivers about the Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine.

Consent:

I have read and understand the information on the risks and benefits of the COVID Vaccine. I agree that:

- I am the parents or legal guardian of the child named above and have the legal authority to consent to have him/her vaccinated with the above COVID vaccine.
- I understand that as required by state law (Health and Safety Code, §120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the child's CAIR2 record will be shared with the local health department and State Department of Public Health. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by submitting the Request to Lock My CAIR Record form.
- I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have insurance, I understand that my insurance company may be billed for the costs of administering the vaccine.
- I give consent for the child named at the top of this form to get vaccinated with the above marked COVID-19 Vaccine and have reviewed and agree to the information included in this form.

Guardian Full Name: _____ Guardian Signature: _____

Relationship: _____ Date: _____