

COVID-19 Vaccine Parental Consent Form

Section 1: *Information about the patient to receive the COVID-19 vaccine:*

Patient Name (Last, First, Middle)	Date of Birth	Age	
Street Address	City	State	Zip
Phone Number	Gender	Race	

Section 2: *Vaccine information and acknowledgement of release of information:*

- I have been given access to the Emergency Use Authorization Fact Sheet for Recipients and Caregivers for the COVID-19 vaccine and understand the benefits and risks of the vaccine. I have had the chance to ask questions which have been answered to my satisfaction.
- I understand that this vaccination will be recorded in the North Carolina Immunization Registry (NCIR) as well as the COVID-19 Vaccine Management System (CVMS) for the purposes of sharing vaccination information with other health care providers and tracking vaccine inventory only.
- I am aware that a copy of the manufacturer's COVID-19 Fact Sheet for Recipients and Caregivers can also be accessed online.

Moderna 6mo to 5yrs https://www.fda.gov/media/159309/downloads/FS_6m-5y_06172022_fda.gov

Moderna 12+ yrs https://www.fda.gov/media/144638/download022_fda.gov

Pfizer 6mo to 4yrs https://www.fda.gov/media/159313/downloadm-4y_Maroon_06172022_fda.gov

Pfizer 5 to 11yrs https://www.fda.gov/media/153717/download_f age_06172022_fda.gov

Pfizer 12+ yrs https://www.fda.gov/media/153716/download022_fda.gov

Section 3: *Consent:*

I give consent for the patient named above to receive the COVID-19 vaccine. I have reviewed and agree to the information included in this form. In the event of an emergency, I authorize Craven County Health Department staff or designee to provide any necessary medical care they deem necessary.

Parent/Guardian Signature	Date
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Parent/Guardian Name (Print)	Relationship to Patient
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