



Consent form for COVID-19 vaccination: children aged 5 to 11 years

Before you fill out this form, make sure you read the information sheet Comirnaty (Pfizer) COVID-19 vaccine

On completion of this form please email this form to info@mckinleymc.com.au .

Child's information

Name:

Medicare:

Date of birth:

Address:

Phone contact number:

e-mail:

Consent Checklist

	Yes	No
1. Has your child recently been sick with a cough, sore throat or fever, or been feeling unwell in any way?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child had COVID-19 before?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child had a COVID-19 vaccination before?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child had a serious reaction to a vaccine or medication?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have a weakened immune system (immunocompromise) or any immune disorders?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have a bleeding disorder or other blood disorder, or take any medicine to thin their blood?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your child ever had any problems with their heart?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a parent/guardian/substitute decision maker who has the authority to provide consent for vaccination on behalf of this child?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to any of questions 1 to 7, your child may still be able to receive the Pfizer COVID-19 vaccine, however you should talk to your child's GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.

Parent/guardian details - address as above

Consent to receive COVID-19 vaccine

I confirm that:

- I have received and understood information provided to me on COVID-19 vaccination for the child named above
- None of the above conditions apply to this child, or that I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider
- I am the child's parent, guardian or substitute decision-maker
- I have the authority to provide consent for this child and I agree to the child named above receiving the Pfizer COVID-19 vaccine.

Parent/guardian/substitute decision-maker's name:	
Parent/guardian/substitute decision maker's signature:	
Date:	