

# 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 above on the Comirnaty (Pfizer) COVID-19 vaccine.

Last updated: 14 December 2021

## 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.

## Child's information

Name:												
Medicare number:												
Individual Health Identifier (IHI) if applicable:												
Date of birth:												

Address:	
Gender:	
Language spoken at home:	
Country of birth:	

Is your child Aboriginal and/or Torres Strait Islander?

- Yes, Aboriginal only  
 Yes, Torres Strait Islander only  
 Yes, Aboriginal and Torres Strait Islander  
 No  
 Prefer not to answer

### Parent/guardian details

Parent/guardian name:	
Phone contact number:	
Email address:	

### 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:	

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## For provider use:

Name:												
Medicare number:												

### Dose 1:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

### Dose 2:

Date vaccine administered:	
Time received:	
COVID-19 vaccine brand administered:	
Batch no:	
Serial no:	
Site of vaccine injection:	
Name of vaccination service provider:	

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