

20 Bailey Avenue
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412-481-2400



Blue Cross Medicare
Aetna UPMC
Gateway United HC
Geisinger PA H&W
Humana

COVID-19 Immunization Consent Form for Children Ages 5-11

Section 1: Information about Patient to Receive the Pfizer Pediatric COVID-19 Vaccine *ALL FIELDS REQUIRED

PATIENT'S NAME (Last)	(First)	DATE OF BIRTH Month _____ Day _____ Year _____	
ADDRESS		AGE	GENDER M/F
CITY		STATE	ZIP
ETHNICITY (please circle) Asian Hispanic/Latino Other Black/African American White	PARENT/GUARDIAN PHONE #	PARENT/GUARDIAN EMAIL	
Primary Care Physician	Address	Telephone Number	

Section 2: Screening for Vaccine Eligibility

The following questions will help us to know if your child is eligible to receive the COVID-19 vaccine.

	Dose 1		Dose 2	
	YES	NO	YES	NO
Is your child feeling sick today?				
Has your child ever received a dose of any COVID-19 vaccine? - If yes, which product? Pfizer Moderna Janssen Other _____				
Does your child have any allergies to medications, food, latex, or vaccine components? - If yes, please specify _____				
Has your child ever had a severe allergic reaction (i.e. anaphylaxis)? For example, a reaction for which they were treated with an EpiPen (epinephrine) or for which they had to go to a hospital? - If yes, was the severe allergic reaction from -- - A previous COVID-19 vaccine? - Another vaccine or injectable medication?				
Has your child received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?				
Has your child received another vaccine in the last 14 days?				
Has your child had a positive test for COVID-19 or has a doctor ever told you that your child had COVID-19?				
Does your child have a weakened immune system caused by something such as HIV infection, cancer, or immunosuppressive medications or therapies?				
Does your child have a bleeding disorder?				

Parent/Legal Guardian Name (Printed) _____ **Date:** ____/____/____

Parent/Legal Guardian Signature (Dose 1) _____ **Date:** ____/____/____

Parent/Legal Guardian Signature (Dose 2) _____ **Date:** ____/____/____

Section 3: Parent/Guardian Consent *(please read this section in its entirety)*

I have read or have explained to me the current Vaccine Information Statement (EUA) for the Pfizer Pediatric COVID-19 vaccine and understand the risks and benefits.

I DO GIVE CONSENT -- By signing below, I give consent to The Medicine Shoppe #0838 (Low Pharm Inc) and its staff, to vaccinate my child, _____, with the Pfizer Pediatric COVID-19 vaccine series and to report any data collected on this form to the required State and/or Federal agencies as required (if this consent form is not signed, then the child will not be vaccinated).

I also agree to hold harmless The Medicine Shoppe #0838, its directors, officers, employees, agents, and stockholders from and against all claims, demands, actions, suits, damages, liabilities, losses, settlements, judgments, costs, and expenses (including but not limited to reasonable attorney fees and costs), whether or not involving a third-party claim, which may arise out of, or relate to, the administration of this vaccine to my child.

By signing below, I am stating that I am the parent and/or legal guardian of the child to be vaccinated and that I have the right to give consent for this child to be vaccinated.

Parent/Legal Guardian Name (Printed) _____ Date: ___/___/___

Parent/Legal Guardian Signature (Dose 1) _____ Date: ___/___/___

Parent/Legal Guardian Signature (Dose 2) _____ Date: ___/___/___

Section 4: Insurance Information

Please bring all insurance cards to your child's vaccination appointment.

Prescription Insurance Information

Insurer: _____
ID #: _____
RX Group: _____
RX BIN: _____
RX PCN: _____

Medical Insurance Information

Insurer: _____
ID #: _____
Group: _____

Pharmacy Use Only

Section 5: Vaccination Record

Vaccine	Dose	Route (IM): Deltoid	Date of Administration	Manufacturer	Lot / Exp
Pfizer Pediatric COVID-19	1	Left Right	___/___/___	Pfizer	___/___
Pfizer Pediatric COVID-19	2	Left Right	___/___/___	Pfizer	___/___

Pharmacist:

Danara Hawk (NPI: 1215546643)
Jamie Wyels (NPI: 1518047422)

NPI: _____

Signature: _____ Date: ___/___/___
Signature: _____ Date: ___/___/___
Signature: _____ Date: ___/___/___