

**WINSLOW INDIAN HEALTH CARE CENTER**

**Consent for Treatment of a Minor Child - Holbrook Junior High/High School**

<b>STUDENT NAME</b>				<b>STUDENT'S DATE OF BIRTH</b>	
<b>GENDER:</b>				<b>STUDENT'S AGE</b>	
<b>MALE</b>	<b>FEMALE</b>	<b>OTHER</b>	<b>DECLINE</b>		
<b>ADDRESS:</b>					
<b>RACE (CIRCLE ONE):</b>				<b>ETHNICITY (CIRCLE ONE):</b>	
<b>American Indian</b>	<b>White</b>	<b>Asian</b>	<b>Black</b>	<b>Hispanic/Latino</b>	<b>Not Hispanic/Latino</b>
<b>Native Hawaiian</b>	<b>Other</b>			<b>Unknown</b>	
<b>PARENT/GUARDIAN PHONE NUMBER:</b>					

I give my consent for the above named minor to receive the Pfizer-BioNTech vaccine to prevent Coronavirus Disease 19 (COVID-19) caused by the virus SARS-CoV-2.

The Pfizer-BioNTech COVID-19 vaccine is given as a 2 dose series, 3 weeks apart, injected into the muscle. This vaccine has been authorized for individuals 12 years of age and older.

The Food and Drug Administration (FDA) has allowed for use of these COVID-19 vaccines for prevention of COVID-19 under an Emergency Use Authorization (EUA). I understand that this means these vaccines have not undergone the same type of review as an FDA approved product. An EUA is granted when there are no adequate, approved or available alternatives. The EUA is based on the available scientific evidence showing that these vaccines may be effective to prevent COVID-19 during the COVID-19 pandemic, and that the known and potential benefits of the vaccine outweigh the known and potential risks.

I understand there may be side effects from getting these vaccines. Those possible side effects include, but are not limited to:

- Injection site pain
- Redness or swelling
- Fatigue
- Headache
- Muscle pains
- Chills or fever
- Feeling unwell
- Swollen lymph nodes
- Nausea

There is a remote chance that the vaccine could cause a severe allergic reaction. Signs of a severe allergic reaction can include: difficulty breathing, swelling of your face and throat, a fast heartbeat, rash all over your body, dizziness & weakness. A severe allergic reaction would usually occur within a few minutes to one hour of getting the dose.

**Please answer the following questions prior to vaccination:**

I wish for the services of a translator.	___ Yes ___ No
Are you feeling sick today?	___ Yes ___ No
Are you pregnant or breastfeeding?	___ Yes ___ No
Have you ever had a severe allergic reaction to anything - drug, vaccine, environmental factor, or food that required the use of an EpiPen? Or have you been recommended to carry one?	___ Yes ___ No
Did you have a laboratory confirmed case of COVID-19 in the past? If yes, please provide the date of diagnosis: _____ Were you given a monoclonal antibody*? (e.g. bamlanivimab) ___ Yes ___ No *If yes, delay vaccination until 90 days after infusion.	___ Yes ___ No
Have you myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)	___ Yes ___ No
I was provided information regarding the COVID-19 vaccine, and provided a paper version or the web address for the EUA fact sheet for recipients and caregivers. I consent to the administration of this vaccine.	___ Yes ___ No

**WINSLOW HIGH SCHOOL CONSENT**

I, \_\_\_\_\_, the **parent or legal guardian** of the above named student, request and authorize any Nurse or Pharmacist of Winslow Indian Health Care Center and his/her staff to administer the COVID-19 vaccination 2 dose series. By signing this consent, I agree to indemnify, defend and hold Holbrook Junior High or High School harmless from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, arising out of third party claims for bodily injury or damage to physical property, to the extent caused directly and proximately by the negligence or willful misconduct of the indemnitor, its employees or agents.

**X** \_\_\_\_\_  
Patient Signature or Signature of Patient's Parent/Guardian

\_\_\_\_\_  
Today's Date

**X** \_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Immunizing Provider/Title (Printed)