

Consent for COVID vaccination provided by Wayne County

School District \_\_\_\_\_

For people under 18 years of age – PFIZER VACCINE

All areas of this form MUST be completed:

Student's Name (First. Last.): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (Circle One): Male Female

Race (Check One): ☐ White ☐ African American ☐ Asian ☐ American Indian/Alaskan Native

☐ Pacific Islander ☐ Chinese ☐ Japanese ☐ Filipino ☐ Native Hawaiian

Ethnicity (Check One): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Arab

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Michigan Zip: \_\_\_\_\_

Phone Number (Preferred): \_\_\_\_\_ Cell Other \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Parent/Guardian signature is giving permission for BOTH doses of Pfizer COVID vaccine, spaced 21 days (or more) apart. The Wayne County Health Dept will return to the same location for the second dose. If I choose NOT to have my child receive the 2<sup>nd</sup> dose, I can notify the school or my child will not present at the event. If I miss the second dose day, I can schedule an appointment elsewhere by calling 1-866-610-3885.

Parent/Guardian Name (Printed): \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature (consent for vaccine): \_\_\_\_\_

Health History Questions (Must Be Answered): Please Check YES or NO

	YES	NO
Are you currently sick, have fever or illness?		
Have you received any other vaccine, including flu shot, in the past 14 days?		
Have you ever received a dose of COVID-19 vaccine? If yes, which product? ... Pfizer... Moderna		
Have you ever had a SEVERE allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital?		
Do you have allergies to a vaccine component or latex?		
Do you have a bleeding disorder or are you taking a blood thinner?		
Have you ever tested positive for COVID infection? If YES, When: _____		
Females: Are you pregnant or breastfeeding?		
Have you received passive antibody therapy as treatment for COVID-19?		
EUA form has been provided?		

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Vaccine Administered:

Dose #1: ☐ Pfizer COVID-19 0.3cc

Lot #: \_\_\_\_\_ Site (Circle One): LA RA

Signature of Vaccine Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Dose #2: ☐ Pfizer COVID-19 0.3cc

Lot #: \_\_\_\_\_ Site (Circle One): LA RA

Signature of Vaccine Administrator: \_\_\_\_\_ Date: \_\_\_\_\_