

Patient name			
MHN	DOB	Age	Gender

Voluntary COVID -19 Vaccination of Minors in Parent/Legal Guardian Absence

Consent

The Child's name _____ Age _____ Date of birth (m/d/y) ____ / ____ / ____

Patient address _____ City _____ State _____ ZIP _____

- Consent of a parent or legal guardian of a child is required for a minor (under 18 years of age) to receive the COVID-19 vaccine.
- To comply with Wisconsin law, Marshfield Clinic Health System (MCHS) requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) must complete and sign this **Consent – Voluntary COVID -19 Vaccination of Minors in Parent/Legal Guardian Absence** form and the included attachments (collectively referred to as “**Consent Form**”) for the minor child named above (**the “Child”**) to receive the COVID-19 vaccine if the parent or legal guardian is not present to give consent at time of vaccination.
 - Foster parent(s) may complete and sign this consent form **if** a copy of the court order granting the foster parent(s) medical decision making authority for the Child is provided with the completed Consent Form.
 - If a parent has completed the Wisconsin Power of Attorney Delegating Parental Power delegating decision-making authority for the child in writing to another adult, that adult may complete and sign this Consent Form **if** a copy of the Wisconsin Power of Attorney Delegating Parental Power is provided with the completed Consent Form.
- This consent form can be used for any COVID-19 vaccine approved for use or available under emergency use authorization for those under 18 if at the time the consent form is completed: (1) the COVID-19 vaccine has been approved or has emergency use authorization for those under 18 and (2) the Child is within the current age range approved for or authorized under emergency use for the COVID-19 vaccine.

In providing my consent below, I agree that:

- I am the parent or legal guardian of the Child named above or the parent has authorized me to consent to care for the Child via Wisconsin Power of Attorney Delegating Parental Power or I am a foster parent with a court order granting me medical decision-making authority for the Child and I have the legal authority to consent to the Child receiving the COVID-19 vaccine.
- I have been provided a copy of MCHS Notice of Privacy Practices in compliance with the Health Insurance Portability and Accountability Act/HIPAA.
- I have completed the attached Prevaccination Checklist for COVID-19 Form and certify that the information provided is true and complete to the best of my knowledge.
- I have completed the attached MCHS Insurance Request Form to allow MCHS to submit a claim for reimbursement of the administration fee for the COVID-19 vaccine (**Note: There is no fee for the COVID-19 vaccine itself, only for the administration**). If the Child is not insured, it will be covered by a federal grant.
- The COVID-19 Vaccine Information Sheet for Recipients and Caregivers (“VIS”) are available to review online (see details below). I have: (1) read or have had read to me the VIS for the COVID-19 vaccine variation The Child will receive, (2) checked the box below indicating the VIS I have read or had read to me and (3) any questions I have related to the VIS and COVID-19 vaccine have been answered to my satisfaction.
 - Comirnaty (COVID-19 vaccine, mRNA) and Pfizer-BioNTech COVID-19 (12 years and older) Vaccine Fact Sheet: www.fda.gov/media/144414/download
 - Moderna COVID-19 Vaccine Fact Sheet: www.fda.gov/media/144638/download
 - Janssen COVID-19 Vaccine Fact Sheet: www.fda.gov/media/146305/download
 - Pediatric Pfizer-BioNTech (**5 – 11 years**) COVID-19 Vaccine Fact Sheet: www.fda.gov/media/153717/download

Voluntary COVID -19 Vaccination of Minors in Parent/Legal Guardian Absence

Consent (Continued)

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- I do not need to be present for the Child to receive the COVID-19 vaccine.
- I understand:
 - COVID-19 can have serious, life-threatening complications (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), and there is no way to know how COVID-19 will affect the Child.
 - Comirnaty (Pfizer COVID-19 vaccine) is the only approved COVID-19 vaccine by the FDA; Moderna and Janssen COVID-19 vaccines are authorized for emergency use and are not approved by the FDA.
 - There is no guarantee that the Child will become immune from COVID-19 or that the Child will not experience side effects, but a COVID-19 vaccine may help keep the Child from becoming seriously ill, even if the Child does become infected with COVID-19.
 - It is not possible to predict all possible side effects or complications which could be associated with the COVID-19 vaccine and the long-term side effects or complications of the COVID-19 vaccine are not known at this time.
 - The number of doses of the COVID-19 vaccine required will be determined by the COVID-19 vaccine that the Child receives and by signing this Consent Form I am consenting to the Child receiving the required number of doses.
 - The Child will be required to stay at the vaccination site for 15 to 30 minutes after receiving the COVID-19 vaccine to be monitored for potential immediate vaccine-related reactions and side effect and consent to and authorize all medically necessary treatment in the rare event the Child has a reaction to the COVID-19 vaccine, including but not limited to itching, swelling, fainting, anaphylaxis, and other reactions.
 - I am responsible for following up with a health care professional should the Child experience any side effects after leaving the vaccination site and that MCHS is not responsible for costs related to such follow up.
 - The Child may not be vaccinated if they have any contraindications to the COVID-19 vaccine, appear acutely ill or the Child is resistant to vaccination.
 - A record of the Child receiving the COVID-19 vaccine will be placed in a computerized regional immunization registry operated by MCHS called RECIN (Registry for Effectively Communicating Immunization Needs) and vaccination of the Child will reported to the Wisconsin Immunization Registry (WIR) as required by the laws of the State of Wisconsin.
 - Information regarding the Child’s receipt of the COVID-19 vaccine may be shared with other providers, local and state health departments, and third-party payors in accordance with the laws of the State of Wisconsin.
 - I have the option to accept or reject the COVID-19 vaccine on behalf of the Child and that by signing this Consent Form I am voluntarily consenting to the Child receiving the COVID-19 vaccine.

If there is a need to reach me before, during or after the Child’s vaccination, I may be reached at the following number(s) – include area code and any special dialing instructions (e.g., extensions): _____

Signature of Consenting Adult Relationship to the Child PRINT Consenting Adult name _____ / _____ / _____
Signature date (m/d/y) Time

Consenting Adult’s address (if different than address listed for the Child) _____
Consenting Adult’s primary phone number

UNLESS INSTRUCTED OTHERWISE, GIVE COMPLETED AND SIGNED CONSENT FORM (INCLUDING ALL ATTACHMENTS) TO THE VACCINATOR.

ATTACHMENTS:

- MCHS NOTICE OF PRIVACY PRACTICES
- PREVACCINATION CHECKLIST FOR COVID-19 FORM
- INSURANCE REQUEST FORM