 Patient Name :

COVID VACCINE CONSENT-CHILD 5-11

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Description automatically generated

**Consent form for COVID-19 vaccination- child 5-11 years of age**

*Before completing this form make sure you have read the information sheet on the vaccine you will be getting: Corminarty (Pfizer)*

***If the person receiving the vaccination is aged below 18 years, this consent form must be signed on their behalf by a parent / carer / guardian.***

***Medicare***

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Do you have a valid Medicare card? If you are not able to provide your  Medicare card at the time of your vaccination, you will be turned away. |
|  |  |  |

*About the vaccine*

*The****Comirnaty (Pfizer)****COVID-19 vaccine can prevent children from becoming ill from COVID-19. The vaccine schedule for children is 2 doses, given 8 weeks apart. This interval can be shortened in special circumstances to a minimum of 3 weeks.*

*The Pfizer COVID-19 vaccine does not contain any live virus and cannot cause COVID-19. It contains the genetic code for an important part of the SARS-CoV-2 virus called the spike protein. After getting the vaccine, your child’s body makes copies of the spike protein. Your child’s immune system will then learn to recognise and fight against the SARS-CoV-2 virus, which causes COVID-19. The body breaks down the genetic code quickly.*

*Vaccination is voluntary and free. You can discuss any concerns or questions you have about COVID-19 vaccination for your child with your immunisation provider or your GP before they receive the vaccine.*

*Protection against COVID-19 starts from about 2 to 3 weeks after the first dose. While one dose may give some protection, it may only last for the short term. Two doses will give improved protection.*

*No vaccine is 100 per cent effective, so it is possible that your child could still get sick from COVID-19 after vaccination. Evidence shows, however, that people who are vaccinated are much less likely to get seriously ill from COVID-19 or need to go to hospital.*

*Safety of the vaccine*

*The safety of the vaccine has been shown in many trials and use overseas.*

*The Pfizer COVID-19 vaccine for children aged 5 to 11 years is a smaller dose (one third of the active component of the vaccine) than the vaccine for people aged 12 years and over.*

*Expected side effects in the first one to two days after vaccination are less common in children than in teenagers and young adults. The most common side effects include a sore arm, headache and fatigue. These usually go away on their own or are treated with over the counter medication like paracetamol or ibuprofen. Children don’t usually need to see a doctor for these mild side effects after receiving a COVID-19 vaccine.*

*The Pfizer COVID-19 vaccine has a very rare risk of heart inflammation (called myocarditis or pericarditis). Myocarditis and/or pericarditis occurs very rarely in younger people, including adolescents and children 12 years of age and older, who have had the Pfizer Comirnaty vaccine or the Moderna Spikevax vaccine. It is more common after dose 2 and in males. In the USA, from data reported through to 11 June 2021, the rate of myocarditis/pericarditis in female adolescents aged 12-17 years was 9.1 per million doses, and in male adolescents aged 12-17 years 66.7 per million doses of an mRNA COVID-19 vaccine given. The rate and severity of myocarditis in children is expected to be lower than that in adolescents, and more mild. Myocarditis is more commonly seen in males under 30 years of age after the second dose. Most people who have had these conditions after their vaccine have recovered fully.*

*The clinical trial in children aged 5 to 11 years did not have enough participants to assess rates of myocarditis or pericarditis following vaccination with the Pfizer COVID-19 vaccine, but no specific safety concerns have been identified so far from millions of doses of this vaccine administered overseas to children aged 5 to 11 years. The benefits of vaccination outweigh this very rare risk, and vaccination is still recommended for all eligible age groups.*

*The Therapeutic Goods Administration (TGA) assesses all vaccines in Australia. For a vaccine to be approved, the TGA must assess that it is safe, effective and manufactured to a very high quality standard. A description of the process for approval of COVID-19 vaccines is available at:*[***www.tga.gov.au***](http://www.tga.gov.au/)*.*

*The safety of COVID-19 vaccines has been, and will continue to be, monitored throughout the COVID-19 vaccination program, including for children.*

*For current information on the frequency and severity of myocarditis and pericarditis after the Pfizer COVID-19 vaccine, see the Australian Technical Advisory Group on Immunisation (ATAGI)*[*weekly COVID-19 meeting updates*](https://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi#statements)*, available at:*[***www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi#statements***](http://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-atagi#statements)*.*

***Who should not receive this vaccine?***

*Your child should not receive the Pfizer COVID-19 vaccine if they have had:*

* ***anaphylaxis****(a type of severe allergic reaction) to a previous dose of the Pfizer COVID-19 vaccine*
* ***anaphylaxis after exposure to any component of the vaccine****, including polyethylene glycol (PEG)*
* ***any other serious adverse event****that an experienced immunisation provider or medical specialist has confirmed was caused by a previous dose of the Pfizer COVID-19 vaccine, without another cause identified.*

*Precautions for vaccination*

*Children with certain conditions may need additional precautions such as staying for 30 minutes of observation after having their vaccine or consulting an allergy specialist. Tell your immunisation provider if your child has had:*

* *an****allergic reaction to a previous dose****or to a component of the Pfizer COVID-19 vaccine*
* ***anaphylaxis to other vaccines or to other medicines****– your provider can check to ensure there are no common components with the COVID-19 vaccine your child is receiving*
* ***confirmed mastocytosis****with recurrent anaphylaxis that requires treatment.*

*Tell your immunisation provider****if your child has a******bleeding disorder****or is****taking a blood-thinning medication****(anticoagulant). This will help them determine whether it is safe for your child to have an intramuscular injection and help decide the best timing for injection.*

*Special circumstances to discuss before vaccination*

*Children with heart conditions*

*Children with a history of any of the following conditions can receive the Pfizer COVID-19 vaccine. You should seek advice, however, from a GP, immunisation specialist or cardiologist about the best timing of vaccination and whether any additional precautions are recommended.*

* *Recent (within the past 3 months) myocarditis or pericarditis (heart inflammation)*
* *Acute rheumatic fever (with active heart inflammation) or acute rheumatic heart disease*
* *Acute decompensated heart failure.*

*Tell your doctor if your child has had myocarditis or pericarditis diagnosed after a previous dose of the Pfizer COVID-19 vaccine.*

*Children with weakened immune systems (immunocompromise)*

*It is strongly recommended that children with immunocompromise receive COVID-19 vaccination. The Pfizer COVID-19 vaccine is not a live vaccine. It is safe in children with immunocompromise.*

*Children with immunocompromise, including those living with HIV, have a higher risk of severe illness from COVID-19, including a higher risk of death.*

*Some children with immunocompromise may have a reduced immune response to the vaccine, so it is important to consider other preventative measures, such as physical distancing, after vaccination.*

*Children with a history of COVID-19*

*If your child has had COVID-19 in the past, tell your doctor or immunisation provider. COVID-19 vaccination is still strongly recommended in children who have already had COVID-19 infection. COVID-19 vaccination can be given after recovery from the infection, or can be deferred for up to six months after the acute illness (confirmed with a COVID-19 test). This is because evidence suggests that past infection reduces the risk of reinfection for at least six months.*

*Children who have recently received another vaccine*

*Children can safely receive other vaccines any time before, after or at the same time as their COVID-19 vaccine. If your child has recently received another vaccine (within the last 7 days), it is best to let your immunisation provider know so they can correctly assess any side effects.*

*Children who turn 12 before their second dose*

*The Pfizer COVID-19 vaccine for children aged 5 to 11 years contains a smaller dose of the active vaccine component compared with the dose for people aged 12 years and over. It is important that your child gets the correct vaccine for their age. If they received their first dose when they were 11 years old, and had their 12th birthday before their second dose, it is safe for them to receive the Pfizer COVID-19 vaccine for people aged 12 years and over for their second dose. This is also the usual practice for other types of vaccines where there are different dose strengths for different age groups.*

*You may be contacted by SMS within the week after receiving the vaccine to see how you are feeling after vaccination.*

*Some people may still get COVID-19 after vaccination. You must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:*

*• keep your distance – stay at least 1.5 metres away from other people  
• washing your hands often with soap and water, or use hand sanitiser  
• wear a mask  
• stay home if you are unwell with cold or flu-like symptoms, and arrange to get a COVID-19 test.*

*By law, the person giving your vaccination must record it on the Australian Immunisation Register. You can view your vaccination record online through your:*

*• Medicare account  
• MyGov account  
• MyHealthRecord account.*

***How the information you provide is used***

*For information on how your personal details are collected, stored and used visit*[*www.health.gov.au/covid19-privacy*](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccines-privacy-information)*.*

***On the day you receive your vaccine***

*Before you get vaccinated, tell the person giving you the vaccination if you:*

*• have had an allergic reaction, particularly a severe allergic reaction (anaphylaxis), to:  
- a previous dose of a COVID-19 vaccine  
- an ingredient of a COVID-19 vaccine  
- other vaccines or medications.  
  
• are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight diseases. You can still have a COVID-19 vaccine, but talk to your doctor about when is the best time to get your vaccine. This will depend on your condition and your treatment.*

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  | Has your child recently been sick with a cough, sore throat or fever, or been feeling unwell in any way? |
|  |  | Has your child had anaphylaxis to another vaccine or medication? |
|  |  | Has your child had COVID-19 before? |
|  |  | Has your child ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis? |
|  |  | Has your  had COVID-19 before? |
|  |  | Does your child have a bleeding disorder? |
|  |  | Does your child take any medicine to thin your blood (an anticoagulant therapy)? |
|  |  | Does your child  have a weakened immune system (immunocompromised)? |
|  |  | Has your child ever had heart problems with theiur heart? |
|  |  | Are you a parent/guardian/substitute decision maker who has the authority to provide consent for vaccination on behalf of this child? |

*If you answered Yes to any of the above questions, you may still be able to receive Pfizer or Moderna, however you should talk to your GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.*

*Are you 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 |

***Consent to receive COVID-19 vaccine***

|  |  |
| --- | --- |
|  | I confirm I have received and understood information provided to me on COVID-19 vaccination. |
|  | I confirm that none of the above conditions apply to me, or I have discussed these conditions and any other special circumstances with my regular health care provider and/or vaccination provider. |
|  | I agree to receive a course of COVID-19 vaccine |

***Please sign with your fingertip on the line below.***

*Reset Signature*

*Agree and Submit*