

Ped Age 5-11 COVID Vaccine Administration Consent

Child Name: _____ Date of Birth: _____ M F

Address: _____ Phone: _____

City, State: _____ Zip: _____

Parent E-mail: _____

1. Has your child ever had an allergic reaction that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing? _____ Yes _____ No
2. Has your child ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? _____ Yes _____ No
3. Have your child had Covid or received antibody therapy as treatment for COVID-19 in the past 90 days? _____ Yes _____ No
4. For Second Dose only: Has you child had a severe rection to a previous dose of the Pfizer-BioNTech COVID-19 Vaccine _____ Yes _____ No

I have been provided access to and read the Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers ("Fact Sheet"). I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of COVID vaccine and request that the vaccine be given to whom I am authorized to make this request. I have answered all questions truthfully and accurately.

While there is no cost for the COVID vaccine, Insurance will be billed for the administration fee. I request that payment of authorized Medicare and/or Insurance benefits be made to Ronald M. Frank, MD PA D/B/A Green Brook Family Medicine for this service. I authorize release of medical or other information to process this claim. Vaccine Administration documentation will be forwarded the NJ Immunization Registry as required by law.

Parent Signature _____

Date: _____

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Vaccine	CPT	Dose #1	Dose # 2	Dose #3	Booster	RA	LA
Pfizer .2ml 10mcg TRS-sucr	91307	0071A	0072A				

____ Marion Mueller, RN
 ____ Ronald Frank, MD ____ Sean Cook, MD
 ____ Clair Carragino, APN ____ Allyssa Finer, APN
 ____ Kim Grausso, LPN ____ Jean Kannaley, CMA
 ____ Heather Scales, CMA ____ Lorena Olea, CMA