

# Youth (13 and Older) Consent Form for COVID-19 Vaccine

Name of Youth: \_\_\_\_\_

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

The United States Centers for Disease Control and Prevention and Food and Drug Administration, as well as the Washington State Department of Health have determined that the Pfizer vaccine is safe and appropriate for all children and youth 12 years and older, and have approved it for emergency use for the prevention of COVID-19. The Pfizer vaccine is administered in two separate doses, with the second dose administered 3-4 weeks after the first dose. The possible side effects of the Pfizer vaccine include injection site soreness, muscle and joint aches, low-grade fever, feeling tired, and headaches. These symptoms are a sign that the vaccine is working. These side effects are usually very mild and last only up to a few days. There are reports of very rare serious allergic reactions and you will be observed after receiving the vaccine to identify and treat any unlikely problems. In the Pfizer trials, these side effects occurred most often within two days of getting the vaccine, and lasted about a day. Side effects were more common after the second dose than the first dose.

Since you are 13 or older, your consent is needed in order to receive the vaccine. By consenting to the vaccine, you are consenting to both the first and second (two separate) doses of the Pfizer vaccine. You may revoke your consent at any time by notifying your assigned caseworker.

Please indicate below if you agree to receive the vaccine:

- I agree to receive the COVID-19 vaccine
- I do not agree to receive the vaccine

Youth signature: \_\_\_\_\_

Date: \_\_\_\_\_

Caseworker signature: \_\_\_\_\_

Date: \_\_\_\_\_



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**