LONE STAR PEDIATRICS

COVID-19 VACCINE

PEDIATRIC CONSENT FORM

Patient Name: _____

Date of Birth: _____

I have received, read/had explained to me, and understand the Covid-19 vaccine emergency use authorization (EUA) information sheet. I am the parent or legal guardian of the above child, I have authority to make healthcare decisions for the child, and I give my permission for the child to receive the Covid-19 vaccine. I understand the benefits and risks of the Covid-19 vaccine. I understand that Lone Star Pediatrics, as the vaccine provider, will share data related to the Covid-19 vaccinations with state, local and federal entities including the designated immunization record systems.

I understand I am to remain on the premise for observation for 15 minutes post receiving the vaccination, 30 minutes if my child has ever experienced anaphylaxis for any reason.

I hereby release and hold harmless Lone Star Pediatrics for any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the Covid-19 vaccine. I understand there is no out of pocket expense to the patient for the vaccine or its administration but my insurance or the uninsured program will be billed to cover the costs of the services provided.

Parent Name: _____ Date: _____

Signature: _____

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