

COVID-19 Vaccine Consent for Minors

I have received a copy of and have read the 2024-2025 Vaccine fact sheet/information sheet for the monovalent COVID-19 vaccine that my child is receiving (the "Vaccine") and understand the risks and benefits. Furthermore, I have also had an opportunity to ask questions about the Vaccine. I believe the benefits outweigh the risks and I agree to have my child receive the Vaccine. I voluntarily assume full responsibility for any reactions that may result from my child's receipt of the Vaccine. I understand that I should wait in the vaccination area as instructed following my child's receipt of the Vaccine to monitor my child for any adverse reactions. Information regarding my child's receipt of the Vaccine may be shared with my physician or other healthcare provider, for public health reporting purposes, and as otherwise required or permitted by law. In consideration for my child receiving the vaccine, I, for myself and on behalf of my child and our respective heirs, executors, personal representatives and assigns, hereby release Pediatric Associates of Western CT and its affiliates, subsidiaries, and their respective directors, contractors, agents, employees, and volunteers (collectively, "Pediatric Associates of Western CT"), along with any other organizations, individuals, or volunteers affiliated with Pediatric Associates of Western CT where my child is receiving the Vaccine (collectively "Released Parties"), from any and all claims arising out of, in connection with or in any way related to my child's receipt of this or these Vaccine(s). The Released Parties shall not at any time or to any extent whatsoever, be liable, responsible, or any way accountable for any loss, injury, death or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the Vaccine(s).

Patient name _____ DOB _____

For children younger than 18 yrs of age:

Parent/legal guardian name _____ DOB _____

Relationship to patient _____ Signature _____

Today's date _____