

## Vaccine Clinic Registration Intake Form

To be used for walk-in minors who are not registered in TVRS and who do not have a printed and signed consent form. Call the parent or guardian (follow appropriate steps for phone translators if needed) to review this form. Once this form has been completed, review the [CDC Prevaccination Checklist for COVID-19 Vaccines](#) with the parent or guardian.

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Email Contact for Parent or Guardian: \_\_\_\_\_

Other Preferred Phone Number: \_\_\_\_\_

Please Check Each:

- Parent or guardian received either an email from their school that provides a link to the Emergency Use Authorizations (EUAs) for the Pfizer vaccine, or they understand they can access the EUA at [fda.gov/media/144414/download](https://www.fda.gov/media/144414/download).
- Parent or guardian understands that children may have similar side effects to adults to the vaccine which include: pain in the arm where the vaccine was given, fever, chills, tiredness and that a few people have had an allergic reaction to the vaccine so the child will remain at the clinic for 15 mins for observation after receiving their vaccine.
- Parent has had an opportunity to ask questions about the COVID-19 vaccine.
- Parent understands the benefits and risks of the COVID-19 vaccine and consents to the child receiving the vaccine.

The second dose is scheduled for: \_\_\_\_\_

Additional Notes:

Form Completed By (please print): \_\_\_\_\_

Date and Location of Clinic: \_\_\_\_\_