

North Park Pediatrics

Acknowledgement

I (the patient/parent/guardian) agree to WAIT in the office location for 15 minutes after receiving the vaccine, or 30 minutes if there is a previous history of an immediate reaction of any severity to a vaccine or injectable therapy or a history of anaphylaxis due to any cause.

I (the patient/parent/guardian) understand the vaccine is being given under an emergency use authorization from the FDA and has only been approved for emergency use for children 5 to 18 years of age. It is possible, though unlikely, that final approval of the vaccine will not ultimately be given.

I (the patient/parent/guardian) understand this vaccine requires two doses and that due to vaccine supply shortages that North Park Pediatrics will not be able to guarantee that I (the patient) will be able to receive a second dose at North Park Pediatrics. North Park Pediatrics will work to acquire adequate doses but cannot guarantee that North Park Pediatrics will receive their requested amounts because of supply chain restrictions outside of their control.

I (the patient/parent/guardian) understand there are no guarantees this vaccine will provide immunity to me, and that I (the patient) should continue protective measures per CDC guidelines. North Park Pediatrics makes no warranties, express or implied, including but not limited to implied warranties of merchantability or fitness for a particular purpose regarding the vaccine or its effectiveness.

I (the patient/parent/guardian) certify I (the patient) do not have any contraindications to receiving this vaccine as outlined in the vaccine information sheet –including but not limited to a history of significant allergic reactions to a COVID-19 vaccine or a component of the vaccine.

I (the patient/parent/guardian) understand that the common risks associated with the COVID-19 vaccine include, but are not limited to, pain, redness or swelling at the site of injection, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell or swollen lymph nodes (lymphadenopathy).

I (the patient/parent/guardian) understand that the vaccine may cause a severe allergic reaction which may include anaphylaxis (difficulty breathing), swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness and/or weakness. I (the patient/parent/guardian) understand that these may not be all the side effects of the COVID-19 vaccine as the vaccine is still being studied in clinical trials. I (the patient/parent/guardian) also understand that it is not possible to predict all possible side effects or complications which could be associated with the vaccine. I (the patient/parent/guardian) understand that the long-term effects or complications of this vaccine are not known at this time.

I (the patient/parent/guardian) will contact my practitioner or go to an urgent care or emergency room for assistance if I (the patient) have any concerns or adverse reactions.

I (the patient/parent/guardian) understand that North Park Pediatrics and its Divisions are immune under both Federal and State law from liability related to this vaccine. This means I (the patient/parent/guardian) will not be compensated by North Park Pediatrics and its Divisions for any adverse effects experienced.

I (the patient/parent/guardian) understand that the vaccination is being given by North Park Pediatrics. The owner and/or operator of this site, their affiliates, officers, directors, employees, and agents expressly disclaim any responsibility for the vaccination. My consent is given in light of this knowledge and in consideration of North Park Pediatrics giving the COVID-19 vaccine. I (the patient/parent/guardian), for myself and my heirs and family members, administrators, trustees, executors, assigns and successors in interest do hereby agree to release and hold harmless North Park Pediatrics, its subsidiaries, divisions, affiliates, successors, assigns, officers, trustees, employees, volunteers and agents from and against any and all demands, damages, losses, costs, expenses, obligations, liabilities, claims, actions and cause of action (whether any of which is groundless or otherwise) of any nature whatsoever (including, without limitation, reasonable attorney's fees and court costs) by reason or resulting, in any way, from any and all acts, accidents, events, occurrences, omissions and the like related to, or arising out of, directly or indirectly, my receipt of this COVID-19 vaccine.

I (the patient/parent/guardian) understand that North Park Pediatrics will be required to provide certain demographic data, as well as any reaction or side effects experienced to state and Federal authorities and consent to its disclosure. I (the patient/parent/guardian) further understand and agree that North Park Pediatrics is required to submit COVID-19 vaccine administration data to the Maryland Immunization Information System and report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

I (the patient/parent/guardian) have reviewed the Vaccine Information Fact Sheet, was provided an opportunity to ask questions, which were answered to my satisfaction. I (the patient/parent/guardian) understand the benefits and risks of the vaccine and request the vaccine be given to me/my child.

I (the patient or parent/guardian if the patient is under 18 years of age) have read, understand and agree to all of the above and I (the patient or parent/guardian if patient is under 18 years of age), hereby give my consent to the staff of North Park Pediatrics to give the patient a COVID-19 vaccine.

Signature of Patient (or parent/guardian if patient < 18 yrs): _____

Name of signer: _____

If patient under 18 years of age, relationship to the patient: _____

Date: _____