



WA Health COVID-19 Vaccination Consent Form – Children Aged 5-11 Years

Only return this form if you agree to your child/dependant receiving the COVID-19 vaccination.
Before completing this form make sure you have read the information sheet on the COVID-19 vaccine you will be receiving.

Shade Circles Completely

Correct: ●
Incorrect: ☑ ☒

Black Ink Only

Please print neatly in capital letters

E X A M P L E 1 2 3

Section 1: Provide information as completely as you can. All information will be kept confidential.

First name

Last name

Date of birth (e.g. 05/08/1990) / /

Gender Male Female Undisclosed Non-binary

Does your child identify as Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander Both Prefer not to say

Telephone number of parent/guardian (mobile preferred)

Email address of parent/guardian

Medicare number of child (including individual reference number)

Residential address of child

Suburb Postcode

Next of kin (in case of emergency)

Name

Contact number

Section 2: Health Questionnaire

Has your child previously received a COVID-19 vaccine? Yes No

State Country

How many doses did your child receive?

Dose 1 – Date received / / Dose 2 – Date received / /

What brand of vaccine did your child receive?

Comirnaty Tozinameran (Pfizer) Other

Has your child received any other vaccination in the last 7 days? Yes No

Has your child had an allergic reaction to a previous dose of a COVID-19 vaccine? Yes No

If Yes, vaccine received? Pfizer AstraZeneca Moderna Novavax Other

Health Questionnaire (continued)

- Has your child had any other serious adverse reaction to a previous dose of COVID-19 vaccine? Yes No
If Yes, vaccine received? Pfizer AstraZeneca Moderna Novavax Other
- Has your child ever had anaphylaxis to another vaccine or medication? Yes No
- Has your child ever had mastocytosis (a mast cell disorder) which has caused recurrent anaphylaxis? Yes No
- Has your child had a bleeding disorder or are they currently taking any medicine to thin their blood (an anticoagulant therapy)? Yes No
- Does your child have a medical condition that causes severe immunocompromise? ** Yes No
- Has your child had a COVID-19 infection before? Yes No
If Yes, date of infection / /
- Has your child been sick recently with a cough, sore throat, fever or are feeling sick in another way? Yes No
- Is your child pregnant? Yes No
- If eligible would you like your child to receive an influenza vaccine today? Yes No
If Yes, please complete influenza consent form.

**Individuals with a medical condition that causes severe immunocompromise, requesting a third dose will need to complete the [Eligibility Declaration form to show they are eligible for a third dose of a COVID-19 vaccine](#).

Relevant for Pfizer COVID-19 vaccine only

- Has your child been diagnosed with myocarditis and/or pericarditis that is attributed to a previous dose of Comirnaty Tozinameran (Pfizer)? Yes No
- Has your child had myocarditis or pericarditis within the past 3 months? Yes No
- Does your child currently have acute rheumatic fever or acute rheumatic heart disease? Yes No
- Does your child have severe heart failure? Yes No

If you answered Yes to any of the above questions your child may still be able to receive Comirnaty Tozinameran (Pfizer), however you should talk to your GP, immunisation specialist or cardiologist first to discuss the best timing of vaccination and whether any additional precautions are needed.

- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my child/dependant's regular health care provider and/or vaccination service provider Yes No

Section 3: Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination Yes No
- I have an existing VaccinateWA account Yes No (if you do not have a VaccinateWA account, one will be created for you)
- I agree to have my child/dependant's account linked to my VaccinateWA account Yes No
- I give my permission for WA Health to contact me by email, telephone or SMS to monitor vaccine safety and effectiveness Yes No
- I am the child/dependant's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the individual named above Yes
- I agree to my dependant receiving a course of Comirnaty Tozinameran (Pfizer) COVID-19 vaccines Yes

Signature of legal guardian/
legal substitute (*mandatory*) _____ Date / /

Legal guardian or legal substitute decision-maker details

Full name

Date of birth / /

Gender Male Female Undisclosed Non-binary

Relationship to dependant

Do you identify as Aboriginal and/or Torres Strait Islander?

- No Yes, Aboriginal Yes, Torres Strait Islander Both Prefer not to say

Email address

Tick box to confirm that this is the email address that communications should be sent to

Contact number

Medicare number

(including individual reference number)

Tick if you don't have a medicare number

Residential address

Tick if address is the same as child/dependent's address listed above

Suburb

Postcode

Clinic use only – verbal consent via phone

Verbal consent via phone Yes No

Complete legal guardian/legal substitute decision maker details in 'Section 3'.

Date and time of consent / / : hrs

Name of vaccinator taking consent _____

HE or employee number

Signature of vaccinator _____

Date / /

Name of second vaccinator taking consent _____

HE or employee number

Signature of second vaccinator _____

Date / /

Office use only – vaccine administration

Dose

Primary course: Dose 1 Dose 2 Dose 3* – Immunocompromised only

*The Dose 3 option refers to individuals who are receiving a 3rd dose as part of a primary course of the COVID-19 vaccine.

Date/time of administration / / : hrs

Brand of vaccine

Comirnaty Tozinameran (Pfizer) Other _____

Place vaccine batch label here

Vaccine serial number:

Injection site

Left arm Right arm Other

Signature of vaccinator _____

Date / /

Name of vaccinator _____

HE or employee number

I hereby confirm that the details of the immunisation are correct. I acknowledge the integrity of this data and this may be integrated with other systems.

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