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COVID-19 VACCINE CONSENT FORM

PATIENT INFORMATION (The Person Getting the Vaccine):

First Name: _____ Last Name: _____ Patient's Date of Birth: _____

Full Address (Street, City, State, Zip code): _____

Phone number: _____ Gender (please circle) Male Female Other

Patients Insurance: _____ Insurance Policy Number: _____

Policy holder First and Last name _____ DOB _____

RACE	ETHNICITY
<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Hispanic of Latino
<input type="radio"/> Asian	<input type="radio"/> Not Hispanic of Latino
<input type="radio"/> Black or African American	<input type="radio"/> Prefers not to answer
<input type="radio"/> Native Hawaiian or other Pacific Islander	
<input type="radio"/> Prefers not to answer	
<input type="radio"/> White	

I, _____, understand the information provided to me as outlined in the Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers explaining the benefits and the possible effects of the COVID-19 vaccine and consent to receiving the 2 required doses (21 days apart). I hereby release PAK PEDS and its agents from any liability from the administration of the vaccine. I authorize PAK to submit claims on my behalf directly to my private insurance carrier, Medicaid, and/or Medicare. This means that PAK will collect payment for supplies and services provided. I understand that the COVID-19 vaccine is funded by the Department of Health and that my insurance carrier will be billed for the administration of such. I authorize HTHC to release any information necessary to insurance carriers regarding administration of the COVID-19 vaccine in order to process claims.

_____ I, the patient, agree to wait in school or school parking lot for 15 minutes after receiving the vaccine, or 30 minutes if there is any previous history of severe allergic reaction to a vaccine or injectable medication.

_____ I, the parent opted out on being present for the patients vaccination and give full permission for _____, to receive the Pfizer vaccination without me present.

Signature: _____ Date _____

Parent or Guardian Signature: _____
 Date _____