

CONSENT TO VACCINATION FOR THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (“MODERNA COVID-19 VACCINE”)

I declare that I am 18 years of age or older. I further acknowledge that:

I have been given and read or have had read to me the “FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS AND OLDER” (“Fact Sheet”). I understand all risks as outlined in that fact sheet. I have been given the opportunity to ask questions to a health care professional about the Moderna Covid-19 Vaccine and have had all questions answered to my satisfaction.

After reading or having had read to me the Fact Sheet, I hereby release Texas Children's Hospital and their affiliated entities, and all of their agents, employees, trustees, and representatives, from any and all liability which may arise from the vaccination and/or from sharing or otherwise using the information provided to me concerning such vaccination. I understand that the Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, I am aware that I need to visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

I understand that Texas Children’s Hospital, as the vaccination provider, must create a medical record and will share data related to the COVID-19 vaccinations with state, local, and federal entities including the designated immunization record systems. Such data sharing may include all personal information I have provided about myself and/or my child to Texas Children’s Hospital for purposes of receiving this vaccine, errors, adverse events, cases of MIS in adults and children, and cases of COVID-19 that result in hospitalization or death following administration of the Moderna Covid-19 Vaccine to recipients. If I am a Texas Children’s employee, I agree to share my vaccination status and dates of vaccination with Texas Children’s Human Resources Department.

I have received a Notice of Privacy Practices (“Notice”). The Notice explains how Texas Children’s Hospital may use and disclose the patient’s Protected Health Information for treatment, payment and health care operations purpose. “Protected Health Information” means the patient’s personal health information found in the patient’s medical and billing records. If you have questions about the Notice, please contact the Privacy Office at (832) 824-2091.

I hereby CONSENT to the Moderna COVID-19 Vaccine and authorize Texas Children's Hospital representatives to administer the Moderna COVID-19 Vaccine to me, or my child.

Vaccine Recipient Name (Printed): _____

Vaccine Recipient Signature (Only if not a minor): _____

Parent/Conservator/Legal Guardian Name (Printed): _____

Parent/Conservator /Legal Guardian Signature: _____