COVID-19 Vaccination Consent
Young Person (16–17 years)

A. Vaccine details
- Pfizer Comirnaty
- AstraZeneca

B. Are you or the person to be vaccinated able to make decisions about your healthcare?
- Yes
- No

If applicable, source of decision-making authority (tick one):
- Court order
- Legal guardian
- Other person

Name of parent/legal guardian/other person*: Relationship to young person

C. Is an interpreter required?
- Yes
- No

If yes, the interpreter has:
- provided a sight translation of the informed consent form in person
- translated the informed consent form over the telephone

Name of interpreter: Interpreter code: Language:

D. Young person/parent/legal guardian/other person* consent

I acknowledge that:
- I have read and understood the information provided in the “Queensland COVID-19 Vaccination Information” resource which includes details regarding all real and potential side effects associated with having the COVID-19 vaccination.
- I am aware I can discuss the benefits and risks of having the COVID-19 vaccination by telephoning 134 COVID (13 42 68) or discuss with my doctor or vaccination centre health professional.
- I understand that consent can be withdrawn at any time before vaccination.

On the basis of the above statements, I hereby give consent to receive/ the young person to receive, the recommended doses of the COVID-19 vaccine.

Name of young person/parent/legal guardian/other person*: Signature: Date:

I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this young person for this treatment.

E. Additional health worker comments

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.