



Queensland
Government

COVID-19 Vaccination Consent

Young Person (12–17 years)

Medicare number:

Family name:

Given name(s):

Address:

Date of birth:

Age:

Sex: M F I

Facility:

A. Vaccine details

Pfizer Comirnaty Moderna Elasmolan Other (specify):

B. Are you or the person to be vaccinated able to make decisions about your healthcare?

Yes Although the person is a young person, the person may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed treatment and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)
→ **GO TO section C**

No Parent/legal guardian/other person[†] with parental rights and responsibilities to provide consent and complete this form
→ **COMPLETE section B**

If applicable, source of decision-making authority (tick one):

- Court order → Court order verified
 Legal guardian → Documentation verified
 Other person[†] → Documentation verified

Name of parent/legal guardian/other person[†]:

Relationship to young person:

Contact number:

C. Is an interpreter required?

Yes → **COMPLETE section C**

No → **GO TO section D**

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 understand current information on the vaccines provided by the Commonwealth Department of Health (online: www.australia.gov.au/covid19vaccines) 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- I understand that consent can be withdrawn at any time before vaccination.
- I understand vaccination details will be recorded on the Australian Immunisation Register (AIR) and this information may be used by Queensland Health for recall, reminders, clinical follow up; or disease prevention, control and monitoring; or as otherwise authorised by or required by law.
- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this young person for this treatment.

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:

E. Health professional attestation statement (CLINIC USE ONLY)

I have reviewed all allergies, precautions, potential contraindications and other pertinent health information regarding the COVID-19 vaccination and have formed the view it is clinically appropriate for the vaccinee to receive the COVID-19 vaccination.

I have formed the opinion that the person to be vaccinated/parent/legal guardian/other person[†]:

- has the capacity to consent to receive the COVID-19 vaccination; OR
- is authorised to consent for the person to receive the COVID-19 vaccination and has the capacity to give this consent (if applicable)
- has understood the information in the Commonwealth Patient resources including the risks associated with having the COVID-19 vaccination
- has been provided with the opportunity to ask me or another health professional any questions relevant to the COVID-19 vaccination
- gives consent to receive the recommended doses of the COVID-19 vaccine.

Name of clinician:

Designation:

Signature:

Date:

[†]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.

