

Consent form for parents/guardians

Vaccination of children and adolescents under 16 years of age**About COVID-19**

COVID-19 mainly causes respiratory tract infections, but can also cause symptoms from other organs. The elderly and adults with underlying diseases have the greatest risk of a severe COVID-19 disease course. Children and adolescents rarely become seriously ill.

About vaccination of children 5-15 years

Vaccination of children 5-15 years is beneficial, but the benefit is limited because the risk of a severe COVID-19 disease course is already very low. Children and adolescents will also gain good protection after having COVID-19 disease. Vaccination is particularly appropriate for: a) children with underlying diseases, b) children with close contact to vulnerable people, c) children who will stay in countries with a high risk of transmission or poor access to health services.

In Norway, only the mRNA vaccine Comirnaty (BioNTech/Pfizer) is used for children and adolescents. A separate child dose is approved for use from 5 to 11 years. Adult doses are used from the age of 12 years. The vaccine does not contain live virus and cannot cause COVID-19 disease. Protection against a severe disease course is good three weeks after the first dose. Children aged 5-15 years with severe underlying diseases are recommended to have 2 doses. There is no general recommendation for other children aged 5-15 years to take the vaccine, but they can have 1 or 2 vaccine doses if they and their parents wish. Having COVID-19 is equivalent to one vaccine dose and reduces the need for further vaccination. For those who choose to take the vaccine, the Norwegian Institute of Public Health considers that one dose gives the best benefit-disadvantage balance for this age group. If dose 2 is given, there should be an interval of 8-12 weeks between doses to reduce the risk of side effects.

Much is known about common side effects after vaccination. Most occur 1-2 days after vaccination, are mild / moderate and pass after a few days. For some, the symptoms may be more severe. Common side effects include pain and swelling at the injection site, fatigue, headache, muscle aches, chills, joint pains and fever. Allergic reactions occur in some people. Cases of menstrual disturbances have been reported as possible side effects among young women after vaccination. This is being closely monitored.

In rare cases, heart inflammation (myocarditis/pericarditis) can occur after vaccination. The condition usually arises within a week after the second dose and is temporary, so that most people recover within a month. The condition causes chest pain, difficulty breathing, palpitations and fever. If these symptoms occur, consult a doctor for a medical examination. Norwegian cardiologists consider that COVID-19 disease can cause more serious heart effects among some people than the vaccine, and that this side effect should not prevent children from being offered the vaccine. Other rare side effects cannot be excluded.

Before vaccination

Vaccination is voluntary. If the child has not reached the age of 16, parents/guardians must give their consent to vaccination. In the case of joint parental responsibility, both parents must consent. Children under 16 years also have the right to receive information and their opinions should be heard, according to their age and maturity. Tell the vaccinator if the child has previously had a severe allergic reaction, or has received another vaccine less than a week ago. The health conditions that mean that you should not take the vaccine or that require additional assessment are described in the [self-declaration form](#). Tailored information for children and further information can be found at fhi.no/cvp.

Tear here

Child's name: _____ Date of birth: _____

I/we want my/our child to be vaccinated against COVID-19

Tick which dose you are now consenting to: Dose 1 Dose 2

Parents with parental responsibility: Parent 1: _____ Parent 2: _____

Parent 1: Full name (write clearly): _____

Parent 1: signature: _____ Tel. number: _____

Parent 2: Full name (write clearly): _____

Parent 2: signature: _____ Tel. number: _____

Information about the child for the vaccinator