**Alaska parents are being asked to have their children vaccinated against Covid-19. But before a parent can make a good decision that parent must have all the information regarding risks and benefits of the vaccine (Pfizer). Once the parent has all the information, that parent can then give their “informed consent” to have their child vaccinated.**

**What is Informed Consent?**

There are 4 guiding principles: mental capacity, full disclosure of the risks and benefits, ability to understand the procedure, and voluntary consent.

For you to give your informed consent for treatment or tests, the doctor or health care provider must give (or disclose) to you enough information so that you can make an informed decision. This information should include the risks and likelihood (or probability) of each of the risks and the benefits, and likelihood (or probability) of benefit.

Source: <https://www.emedicinehealth.com/informed_consent/article_em.htm#children_and_consent>

Note that the Beacon “Covid-19 Vaccine Consent Form” does NOT include all the risks associated with the Pfizer vaccine. For children ages 0-29, as of 18 August 2021 there were 742 verified cases of myocarditis/pericarditis reported to the VAERS. Of these, 701 were hospitalized, 667 were discharged and 18 are still in the hospital with 5 in the ICU.

And the actual cases of myopericarditis versus actual shows startling numbers. In males ages 12-24 there were 370 actual cases versus an expected 15 from the Pfizer vaccine.

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>.

The State of Alaska Department of Health and Social Services also does not fully disclose the risks of myocarditis/pericarditis to children. To fully inform parents, DHSS needs to provide ALL the information regarding risks and benefits so parent can make a truly informed decision.

Here is the Beacon “Covid-19 Vaccine Consent Form”: Notice it does not state “Informed Consent”



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**COVID-19 Vaccine Consent Form**

**Pfizer-BIONTECH'S COVID-19 vaccine is for people 5  years and older. Moderna COVID-19 is for people 18 years and older.**

This consent form is being completed on behalf of:\*

Bottom of Form

Patient Name\*

First Name\*

Initial\*

Last Name\*

Race - Copy\*

Ethnicity\*

Date Of Birth\*

Month

Day

Year

Select Date

Age\* 

Gender\*

Location to Receive Vaccine\*

**Contact Information**

Email Address\*

Primary Phone Number\*

Phone Number Type\*

Address\*

Address Line 1

Address Line 2

City

State

ZIP Code

Moderna – Vaccine information for recipients.

<https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>

Pfizer - Vaccine information for recipients.

<http://labeling.pfizer.com/ShowLabeling.aspx?id=14472>

Please select which COVID-19 vaccine dose?\*

First Second Booster Third

* Cancer
* Chronic Kidney Disease
* Heart Conditions, such as heart failure, coronary artery disease, or cardiomyopathies
* Immunocompromised state (weakened immune system) from solid organ transplant
* Obesity (body mass index (BMI) of 30kg/m2 or higher but <40kg/m2)
* Severe Obesity (BMI > = 40kg/m2)
* Pregnancy
* Sickle Cell Disease
* Smoking
* Type 2 Diabetes

Does patient have any of the above listed chronic health conditions?\*

Yes No I don't know

Has patient previously received a COVID-19 vaccine?\*

Yes No I don't know

Has patient had a severe allergic reaction (e.g., anaphylaxis) after receiving COVID-19 vaccine? \*

Yes No I don't know

Have you had a severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech Vaccine) or any other injectable medication?\*

Yes No I don't know

Does patient have a bleeding disorder or are you taking a blood thinner?\*

Yes No I don't know

Is patient immunocompromised (have a weakened immune system such as cancer, leukemia, HIV/AIDS, or any other immune system problem) or are you taking medication that affects your immune system? \*

Yes No I don't know

Does patient have a fever?\*

Yes No I don't know

Is patient feeling sick?\*

Yes No I don't know

**IMPORTANT**

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.

Please select the desired vaccine.\*

Moderna COVID-19 Vaccine Pfizer COVID-19 Vaccine Pediatric Pfizer COVID-19 Vaccine

CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

Health care services are confidential. No information is released without your consent except as may be required under public health and safety laws. Information used for evaluation and planning purposes never includes personal identifiers. To access a copy of Beacon's notice of privacy practices please request from Beacon by sending email to [info@beaconohss.com](https://info@beaconohss.com).

By Completing this form, I am acknowledging:

* The information provided is correct
* I have read the EUA fact sheet provided
* I understand the risks and benefits of getting the vaccine(s) and consent for me and my family to be vaccinated
* Any questions I had about the vaccine(s) have been answered

Patient/Guardian Signature\*

[[clear]](javascript://)

Use your mouse or finger to draw your signature aboveTop of Form

Bottom of Form