

Sample Consent for Minor Vaccination of JYNNEOS

The Washington State Department of Health (DOH) is providing a sample consent form only as an example for informational purposes. You are not required to use a consent form that looks exactly like this. If you would like to use it, we recommend you work with your own legal counsel to make sure the form meets your organization's needs.

CONSENT FOR MINOR JYNNEOS VACCINATION FORM

(JYNNEOS Vaccine ONLY)

Vaccinations may only be provided to persons under the age of 18 (minors) in Washington state with the consent of an authorized adult prior to providing the vaccination, except in situations where federal and/or state law allows a minor to access such treatment without authorized adult consent.

Currently, the JYNNEOS vaccine can be used to vaccinate minors via subcutaneous route. If the parent, legal guardian, or authorized adult is not accompanying the minor, this form can be utilized to document agreement for a minor to receive the JYNNEOS vaccine. Please note that if authorized adult consent is needed, you will need to provide a separate consent for each shot of a two-dose series.

Patient's name and birthdate:

First Name	Middle Initial	Last Name	Birthdate

Which dose?

First Dose Second Dose

Written Consent Form

I hereby request and authorize the patient named above to receive a JYNNEOS from _____ vaccination site, and further receive any and all health care services available from and deemed necessary by the staff of the vaccination site in the event of an adverse reaction following vaccination.

This is a one-time consent for immunization valid only for the day of scheduled vaccination:

I have the authority to consent on behalf of the minor because I am:

- Parent(s)
- Guardian/legal custodian
- Court-authorized person for child in out-of-home placement
- Holder of signed authorization from parent(s)
- Adult representing self to be a relative responsible for the minor's health
- School nurse, counselor, or homeless student liaison (for a child or youth defined as homeless under the federal McKinney-Vento Homeless Education Act), as under RCW 7.70.065.

Acknowledgement Language

By signing below, I acknowledge the following:

- The fact sheet for recipients and caregivers about JYNNEOS (smallpox and monkeypox vaccine, live, non-replicating) to prevent monkeypox disease in individuals determined to be at high risk for monkeypox infection, has been made available to me to review.
- I have the legal authority to make major health care decisions on behalf of the minor, including to consent on behalf of the minor.
- I have consulted with any other persons who may have the legal authority to make major health care decisions on behalf of the minor (including other parents) and have obtained the other person’s agreement to this consent, to the extent applicable.
- I also give consent for referral of the minor to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the vaccination site health care provider for care related to the JYNNEOS vaccination, and if needed, emergency transportation and care. This authorization does not allow services to be rendered without the minor’s agreement unless they are unable to consent for reasons other than their status as a minor.
- I will need to provide a separate consent for the second dose.

Information regarding the immunization will be stored in the Washington State Immunization Information System (WAIS) and will be made available to licensed healthcare providers and public health authorities to support immunization activities.

Minor Signature Date

Authorized Adult Signature Date

Printed Name Relationship to Minor

Phone Number Email

For Provider: Verbal Consent

I have informed the authorized adult of the above acknowledgements.

Verbal consent by _____ given by _____ to
Authorized Adult Name Phone/Device

_____ on _____
Staff Name Date

The authorized adult consenting on behalf of the minor is:

- Parent(s)
- Guardian/legal custodian
- Court-authorized person for child in out-of-home placement
- Holder of signed authorization from parent(s)
- Adult representing self to be a relative responsible for the minor's health
- School nurse, counselor, or homeless student liaison (for a child or youth defined as homeless under the federal McKinney-Vento Homeless Education Act), as under RCW 7.70.065.

Other Examples:

- University of Washington Medicine, [COVID-19 Vaccine Consent for Minors](#)
- Public Health Seattle & King County, [COVID-19 Vaccination Consent Form](#)

Additional Monkeypox (MPV) Information

- doh.wa.gov/Monkeypox