BEYFORTUS/NIRSEVIMAB

SUPPLEMTARY CONSENT FORM

Patient Name:
Name of Provider:
<u>Background</u>
Beyfortus (also known as Nirsevimab) is a brand-name drug manufactured by Sanofi. It is prescribed to help prevent severe illness caused by respiratory syncytial virus ("RSV"), which is common, highly contagious, and sometimes deadly. The American Academy of Pediatrics has recommended that all infants, and especially those at high risk, receive this new preventative monoclonal antibody, based upon the availability of Beyfortus. More information regarding this recommendation can be found at https://www.aap.org/en/news-room/news-releases/aap/2023/american-academy-of-pediatrics-recommends-medication-to-prevent-rsv-be-given-to-all-infants-and-urges-equitable-access/
Risks and Common Side Effects
There are risks associated with this monoclonal antibody treatment, many of which have been identified and explained by Sanofi at www.beyfortus.com . Sanofi has indicated that the most common side effects of Beyfortus included rash and pain, swelling, or hardness at the site of injection. These are not all the possible side effects of Beyfortus, and serous allergic reactions have happened with other medicines like Beyfortus. Parents and legal guardians are encouraged to visit www.beyfortus.com for more detailed information before signing this consent.
<u>Consent</u>
(name of the parent/guardian), am the parent, guardian, conservator, or legal representative of the minor child listed below. I have been given the opportunity to read the safety information referenced above, and my provider has explained currently recognized benefits and risks of this injection treatment. I hereby give permission for my child to receive this injection. By signing below, I recognize that my child might still be infected with RSV after receiving this treatment.
Name of minor receiving injection:
Name of parent or legal guardian:
Signature of parent of legal guardian:
Date:
Cell phone number of parent or legal guardian: