

# Cave City School District

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## School Immunization Clinic

In compliance with the Family Education Right to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

I, \_\_\_\_\_, give permission for my child,  
Parent/Guardian Name

\_\_\_\_\_, to participate in the  
First and Last Name

School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent

forms will be provided for my consideration prior to the clinic.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Cave City Pharmacy will be on campus at Cave City schools this Friday, August 27<sup>th</sup>, to offer COVID Pfizer vaccines to Cave City students aged 12 years and older.**

**Please complete both forms.**

**All information on the vaccination form must be completed in order for your child to receive the flu vaccine.**

Cave City School District understands the importance of you choosing for your child to participate in this vaccination clinic. Just as a reminder, due to COVID-19, parents are not allowed to be in the buildings.