

Liberty County Public Health

Child's name: _____ GRADE: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Insurance Name: _____

Insurance ID if no Copy Provided: _____

I wish and give consent to have my child receive the seasonal Flu Vaccine at the immunization clinic at CJI school on 11/2/2021.

_____ Seasonal Flu Vaccine given on November 2, 2021

_____ Child does have health insurance that will cover the cost of the vaccination(s). Please enclose copy of insurance card, or text picture of it to the public health cell phone at 759-8256.

I understand the risk and provide consent to the seasonal flu vaccine to be provided by the Liberty County Public Health licensed staff.

Signed,

_____ Date _____
Parent or legal guardian

_____ Date _____
Provider (Melissa Kantorowicz RN + Kayla Johnson RN)

Office Use Only:

- Charted
 Billed _____