



ARKANSAS
ARTS ACADEMY
Aspire. Achieve. Advance.

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, _____ to
Parent/Guardian Name First and Last Name

participate in the Seasonal Flu School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic. I understand that I must sign this form and the Arkansas Department of Health consent form for my child to be able to receive the vaccine

Parent/Guardian Signature _____ Date Signed _____



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