ASMSA Flu Clinic
October 17th 2015
1:00-4:00 ASMSA Board Room

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 must also be completed in order for my student to receive this vaccine.

Parent/Guardian Signature_____Date Signed _____

Please fax all forms to: 501-622-5462 (Nurse White), email to Whitel@asmsa.org or Mail to: 153 Alumni Lane, Hot Springs, AR 71901