



PULASKI COUNTY SPECIAL SCHOOL DISTRICT

925 East Dixon Road/P.O. Box 8601
Little Rock, Arkansas 72216

Influenza Vaccine Consent Form

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, _____, a
Parent/Guardian Name Student's First and Last Name

student in the _____ grade at _____ school, to participate in
Student's Grade School's Name

the Flu Immunization Clinic.

Parent/Guardian Signature _____ Date Signed _____