

[Insert School District Letterhead]

Inactivated Influenza Vaccine (Seasonal Flu)

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.

Parent/Guardian Signature _____ Date Signed _____



Pandemic H1N1 2009 (Swine Flu)

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 Pandemic H1N1 (Swine Flu) School Immunization Clinic.

Parent/Guardian Signature _____ Date Signed _____