



CABOT PUBLIC SCHOOL DISTRICT
602 North Lincoln, Cabot, Arkansas, 72023 (501) 843-3363

FERPA Consent Form

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 _____
