



Thomas Jefferson Elementary **will be having a flu shot clinic on November 3, 2020**

**Flu Vaccine will not be given if any portion of this form
and
the attached ADH Immunization Consent Form (2-sided) are late or incomplete!**

Checklist:

- _____ Complete **School Immunization Records** – (form on bottom of this page)
- _____ Complete **Two-Sided Flu form** – every line on the FRONT & BACK (attached to packet)
- _____ Return by email to: jgrigg@bentonvillek12.org or

mail forms to: Jibbi Grigg, RN 810 Bella Vista Rd Bentonville AR 72712

Forms must be received by October 14, 2020.



Teacher: _____
Grade: _____

School Immunization Records

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's,
Parent/Guardian Name (PRINT)

_____, Date of Birth _____
Student's First and Last Name (PRINT)

Personal Health information and Immunization Records be released to Arkansas Department of Health. I understand this is for the purpose of my child obtaining a flu vaccine and compiling all immunization records on file into one record.

Parent/Guardian Signature _____ Date Signed _____