



I \_\_\_\_\_, the parent of \_\_\_\_\_ give permission for my child to participate in the Flu Vaccine Clinic at Lee-Scott Academy on October 3rd, 2024. By participating, I understand that my child will be given an influenza vaccine which will be valid for the 2024-2025 flu season.

I hereby release Our Home Pharmacy and its employees to provide the vaccination.

Please provide us with your child's information below.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Please provide a copy of your medical insurance card as well as your prescription insurance card for appropriate vaccine billing.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Thank you for allowing us to take care of your child!

Craig Hyatt, RPh

