



I _____, the parent of _____ give permission for my child to participate in the Flu Vaccine Clinic at Lee-Scott Academy on October 1st, 2026. By participating, I understand that my child will be given an influenza vaccine which will be valid for the 2026-2027 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. Alternatively, you can provide the insurance information on the following page.

Parent Signature: _____

Date: _____

Phone Number: _____

Thank you for allowing us to take care of your child!
Craig Hyatt, RPh

Insurance information:

Name on insurance card: _____

BIN # _____

PCN# (BCBS not applicable) _____

ID # (or Contract #) _____

Group # _____