



**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, \_\_\_\_\_,

Parent/Guardian Name First and Last Name

\_\_\_\_\_, to participate in the Seasonal Flu School Immunization Clinic.

School

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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