

Lake Hamilton School District
205 Wolf Street
Pearcy, Arkansas 71964

School Immunization Clinic

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

_____, to participate in the
First and Last Name

School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent

forms will be provided for my consideration prior to the clinic.

Parent/Guardian Signature _____ Date Signed _____