

Mac's Pharmacy will be offering a flu shot clinic to students and staff of Oak Ridge Schools. If you would like for your child to participate, please **bring this completed consent form and your student's pharmacy insurance card** to the School Administration Building- Board Room on September 28th. If you have any questions, please call 865-425-9031.

When: September 28, 2022, 1:00pm-5:00pm

Where: 304 New York Avenue, Oak Ridge. Tennessee 37830.

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Flu Cli	nic C	onse	nt Form-	Stu	dent						
Student's Name (Last)		First Na	First Name					Middle			
Date of Birth (MM/DD/YYYY)	Age		Circle: M or F School								
Address			City			State		Zip			
Gaurdian Last Name		First Na	ame				Email Address				
Relationship to Student		Phone Number									
Do any of the following apply to your child? If y vaccinated and you v	-	-	-	-		ur child v	vill NOT	be	Yes	No	
1. Has your child ever had the flu vaccine in the past?	?		-	•							
2. Does your child have an allergy to eggs?											
3. Does your child have any other allergies or a media	cal cond	lition? P	lease list:								
4. Has your child ever had a serious reaction to a flu	vaccine?	?									
5. Has your child ever had Guillain-Barre's Syndrome receving a previous flu vaccine?			orary severe r	muscle	weaknes	s) within	6 weeks	after			
6. Has your child received any vaccinations in the pas	st 4 wee	ks?									
I am requesting that the vaccine above be admini assume the risk. As with all medical treaments, there fully release and discharge this pharmacy from any GIVE CONSENT to M	e is no g liability	uarante for illne	e that I will no ss, injury, loss	t exper	ience an Image, w	y adverse hich may	side eff	ects fror	n the va	ccine. I	
Parent/Legal Guardian's Name (Please Print)											
Parent/Legal Guardian's Signature							Date				

FOR ADMINISTRATIVE USE ONLY										
Vaccine	Route	Site	Date Administered	Vaccine Manufacturer	Lot Number	Initials				