

**CHRIST LUTHERAN SCHOOL  
315 South Hughes  
Little Rock, Arkansas 72205**

**H1N1 VACCINE PERMISSION FORM**

**I give my permission for**

\_\_\_\_\_ *Name of Student*

**to receive the H1N1 Injectable Flu Vaccine, to be administered at Christ Lutheran School in conjunction with the Arkansas Department of Health. Two injections will be administered, the first October 26, 2009, with the follow up injection November 19, 2009. I hold harmless Christ Lutheran Church and School or anyone associated with Christ Lutheran Church and School of Little Rock, Arkansas, from all suits, claims, or demands of every kind in connection with the H1N1 Injectable Flu Vaccine.**

\_\_\_\_\_ *Signature of Parent or Guardian*

\_\_\_\_\_ *Date*

**CHRIST LUTHERAN SCHOOL  
315 South Hughes  
Little Rock, Arkansas 72205**

**SEASONAL FLU VACCINE PERMISSION FORM**

**I give my permission for**

\_\_\_\_\_ *Name of Student*

**to receive the Seasonal Flu Vaccine, to be administered at Christ Lutheran School in conjunction with the Arkansas Department of Health, on October 26, 2009. I hold harmless Christ Lutheran Church and School or anyone associated with Christ Lutheran Church and School of Little Rock, Arkansas, from all suits, claims, or demands of every kind in connection with the Seasonal Flu Vaccine.**

\_\_\_\_\_ *Signature of Parent or Guardian*

\_\_\_\_\_ *Date*