Shelbyville ISD

Student Flu Clinic

Wednesday,

October 18' 2017

8:00 to 10:00 am

Cafetorium Stage

If you want your child to receive the flu vaccine please answer YES!!!

Forms will Be sent home and MUST be Completed

Before Clinic Date. Completed forms are to be brought with you the day of clinic, along with an insurance card if you have coverage.

Contact Nurse for info.

(936) 598-7363

YES_____ I want my child to receive the flu shot. Forms will be sent home to be completed and returned on clinic day.

No_____ I do not want my child to receive the flu shot.

Child's Name _____

Parent's Name _____

Return by: October 13, 2017.

Forms will be sent home to be completed and returned on clinic day.