

****A parent does not need to be present, but this form must be signed.****

My child _____ has permission to attend the
School Physical and/or Immunization Clinic. Please mark the appropriate box below.

Immunization Clinic

Physical Clinic (please attach \$25 or pay on the day of clinic.)

This fee must be paid in order to receive a physical.

Parent Signature _____

Jersey CUSD #100 has permission to transport my child _____ to the
School Physical and/or Immunization Clinic at JCMS on August 28th.

Parent Signature _____

Please return this signed permission slip to your child's school by Monday, August 26th.

