

Gan Ami Early Childhood Classes  
Flu Vaccine Confirmation Form

I, \_\_\_\_\_, parent/legal guardian of

\_\_\_\_\_

understand that my child is required to have an annual flu vaccine in order to attend Gan Ami.

I will get my child protected against the flu, in accordance with their pediatrician's  
recommendations each year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_