WASHINGTON POISON CENTER
An Independent Nonprofit Organization

# 2027 Poison Prevention Poster Contest
# ENTRY FORM

| **Student Information** | | |
|---|---|---|
| Student's First and Last Name: | Grade: | Age: |
| Name of school attending: | Teacher's Name: | Teacher's Email: |
| **Parent/Legal Guardian Information** | | |
| Parent/Legal Guardian's First and Last Name: | Phone Number: | Email: |
| **Home Mailing Address** | | |
| Street Address: | | |
| Address Line 2: | | |
| City: | State: | Zip Code: |

**Release**

In consideration of the opportunity to enter Washington Poison Center's 2027 Poison Prevention Poster Contest, I agree to release my child's poster artwork to Washington Poison Center, and understand it will become the property of Washington Poison Center. I agree to allow Washington Poison Center to use my child's name, grade, and contest-related photographs for promotional purposes. I agree to allow Washington Poison Center to submit my child's poster to the National Poison Prevention Week Poster Contest, if they meet eligibility requirements. By entering, participants agree to be bound by the rules and decisions of the judging panel and Washington Poison Center.

| Today's Date: | Child's Name: | Parent/Legal Guardian's Signature: |
|---|---|---|

☐ **Add me to Washington Poison Center's email distribution list (Seasonal Health Alerts & other poison safety information)**

**Attention teachers:** if you are submitting a packet of posters from your classroom, please include your name, email address, and school name. Each poster must have an Entry Form with a signed release (by a parent or guardian) attached.