

2020 Poison Prevention Poster Contest ENTRY FORM

PLEASE PRINT CLEARLY. For assistance with this form, email: mryuk@wapc.org.

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

Release

In consideration of the opportunity to enter the Washington Poison Center's 2020 Poison Prevention Poster Contest, I agree to release my child's poster artwork to the Washington Poison Center, and understand it will become the property of the Washington Poison Center. I also agree to allow the Washington Poison Center to use my child's name and/or family's name and photographs for promotional purposes. 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/LG's Signature:
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☐ [Add me to the Washington Poison Center email distribution list \(Seasonal Health Alerts & other poison prevention information\)](#)

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.