2016 National Children's Dental Health Month

Poster Contest

"SUGAR WARS"

PARENTAL/GUARDIAN RELEASE FORM

I give permission for the participation of my child, or guardian child, in the poster contest, titled "Sugar Wars" which is sponsored by the Department of Public Health and Social Services (DPHSS) and the Guam Dental Society.

I understand that submitted artwork of my child, or guardian child, will become the property of DPHSS, and that the Department may use the artwork of my child in the format and manner determined by DPHSS to promote the contest and other National Children's Dental Health Month activities.

I further authorize DPHSS to take photographs of my child, if necessary, for the purpose of promoting, publicizing, and/or advertising this and future contests and Children's Dental Health Month activities.

PRINT NAME OF CHILD:_____

PRINT NAME OF SCHOOL:_____

PRINT NAME OF TEACHER:_____

GRADE OF CHILD:_____ **ROOM NUMBER:** _____

PRINT NAME OF PARENT/GUARDIAN:_____

CONTACT NUMBER:_____

MAILING ADDRESS:_____

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**