



South Texas Poison Center

**2010 National Poison Prevention Week
POSTER CONTEST ENTRY FORM**

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

SCHOOL PHONE NUMBER (AREA CODE) _____

SCHOOL FAX NUMBER (AREA CODE) _____

STUDENT'S NAME: _____

GRADE: _____ **AGE:** _____

TEACHER'S NAME: _____

RELEASE

I hereby authorize the South Texas Poison Center to use my child's art and/or photo, should it be selected, in any or all media used to promote poison prevention. In addition, I release copyright to my child's art and/or photo, and understand that it will become the property of the South Texas Poison Center.

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

PHONE (AREA CODE) _____

PARENT OR LEGAL GUARDIAN'S NAME (PLEASE PRINT)

X _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

X _____

TAPE OR GLUE THIS ENTRY FORM TO BACK OF POSTER