

PHISE Poster Contest Registration Form and Parent/Guardian Consent

Student's Name _____

Student's Grade _____

School _____

School Address _____

Teacher's Name _____

Checklist: (Please check off next to each item once the items are assembled for submission)

Poster:

Pre-Test:

Post-Test:

Parent/Guardian Signature (See Below):

Parent/Guardian Consent:

I understand that should my child enter the PHISE Poster Contest their poster may be displayed (along with their first name, last initial, grade and name of school) on a website created for SIDS Awareness Month in October 2013. Posters will not be returned to students.

I understand that should my child enter the PHISE Poster Contest and win, their poster (along with their first name, last initial, grade and name of school) will be published in a calendar to be distributed throughout the State of New Jersey.

Parent/Guardian: _____

Signature

Date: _____