"2020 Red Ribbon Scholastic" Contest

Parent/Guardian Permission Form

I affirm I am the legal guardian and/or parent of _____.

Student Applicant Name (Type/Print) _____.

I give written consent and permission for my child/my ward to participate in the Department of Behavioral Health & Developmental Disabilities, Office of Behavioral Health Prevention and Federal Grants 2020 Red Ribbon Scholastic contest.

Parent/Guardian:

_____ _____

Type/Print Name **Date**

_____ _____

Signature **Date**

Contact Information

Parent/Guardian email: _____

Parent/Guardian Phone: _____

Parent/Guardian Address: _____

_____

❑ **I agree this is the one single/only entry my child/ward has submitted toward this category.**

Artistic Entry: Please specify Electronic or Print ____ If "PSA", length does not exceed 3 minutes ____

Musical Entry: Please specify Acapella, Rap, or Vocal ___ Time length does not exceed 3 minutes ____

Spoken Word Entry: ____ Time length does not exceed 3 minutes ____

Written Entry: Please specify Essay or Poem ____ Word count does not exceed 500 ____