

# "2024 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 Prevention Services 2024 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 \_\_\_\_