

Permission Slip  
Medical Consent  
Photo/Video Release



This certifies that \_\_\_\_\_  
*Name of Parent or Guardian*

Residing at \_\_\_\_\_  
*Street Town State Zip*

County of \_\_\_\_\_, being the parent or guardian of \_\_\_\_\_ do hereby give permission for the above named child to attend the Long Island Regional Envirothon.

I hereby consent that all photographs and/or videotapes taken of my child and/or recordings made of his/her voice at the Long Island Regional Envirothon by the Envirothon Committee or its designees, may be used by the Long Island Regional Envirothon, and/or others with its consent, for the purpose of illustration and publication in any manner.

I further consent to the administration of emergency first aid treatment that may become necessary for my child's well being. \_\_\_\_\_  
*Signature Date*

Home telephone # \_\_\_\_\_

Work telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

My child has the following allergies \_\_\_\_\_

Additional medical information \_\_\_\_\_