Permission Slip
Medical Consent
Photo/Video Release

This certifies that I, _____, being the parent/ guardian of _____
Parent/ Guardian's Name *Student's Name*

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 Address _____
Street *Town* *State* *Zip*

County _____

Home Telephone # _____

Work Phone # _____

Cell Phone # _____

Student's Email Address _____

My child has the following allergies _____

Additional medical information _____

Long Island Regional Envirothon
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