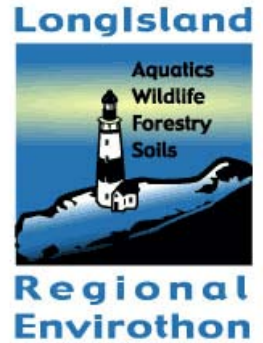


Permission Slip
Medical Consent
Photo/Video Release



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 Ltd., 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 _____