



Mental Health Awareness Poster Contest 2024

Permission/Consent Form

I, _____, affirm that I have the parent/legal guardian of
_____.

I consent and permit my son/daughter's artwork to be displayed in local libraries and promoted through My Life Foundation's website and social media. I also authorize My Life Foundation to use the student's name, age, place of education, and photograph without compensation for advertising or publicity.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Phone Number

E-mail Address

Address