



F.W. Huston Medical Center
408 Delaware St
Winchester, KS 66097
PHOTO CONTEST PARENTAL CONSENT FORM

INFORMATION

I am the parent or legal guardian of the minor child whose signature appears below and I hereby give my consent to the minor entering the F.W. Huston Medical Center Photo Contest. I have read and accept the Official Rules including all regulations and conditions stated, on my and my child's behalf. I understand that my child's photo(s) will not be included in the competition without this signed and fully completed form.

PARENT OR LEGAL GUARDIAN SIGNATURE:	DATE:
YOUTH SIGNATURE:	DATE:

PARENT OR LEGAL GUARDIAN INFORMATION

PARENT OR LEGAL GUARDIAN NAME:		
PARENT OR LEGAL GUARDIAN ADDRESS:		
CITY, STATE, ZIP CODE:		
PARENT OR LEGAL GUARDIAN PHONE NUMBER:	PARENT OR LEGAL GUARDIAN EMAIL ADDRESS:	
CHILD'S NAME:	AGE:	DATE OF BIRTH (MM/DD/YYYY):
CHILD'S ADDRESS IF DIFFERENT FROM PARENT OR LEGAL GUARDIAN:		
CITY, STATE, ZIP CODE		

Thank you for your child's participation.

Submit photo(s) by emailing this form along with the submission form to apage@fwhuston.com

Or submit photo(s) and completed forms by mail to:

F.W. Huston Medical Center
Attn: Abby Page, Community Relations
408 Delaware Street
Winchester, KS 66097