

# ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH

## Nicotine Free Week Showcase Page Photo and Artwork Consent Form

Date: \_\_\_\_\_

I freely give permission for the Anne Arundel County Department of Health to display my child's artwork and/or photos of my child and me doing a nicotine free activity. Photos and individuals' names may be displayed on the Department of Health's Nicotine Free Week website or used for any other legitimate health information and promotion purpose.

Name of person(s) in photo (Please Print):	Signature:	Parent/Guardian's Name: (Print)	Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Parent/guardian signature required for  
children 17 or younger)

Mail this form along with photos/art to: Learn To Live, Anne Arundel County Department of Health, 1 Harry S. Truman Parkway, MS 3102, Annapolis, Maryland 21401. Or, email photos to [hdtl@aacounty.org](mailto:hdtl@aacounty.org) with a scan of this completed and signed form. You can also fax this form to 410-222-4067.