

Parental Consent Form

2016 World Encephalitis Day Short Film, Digital Art and Photography Competition

I, (adult's name):

Of, (address):

Being the child's parent or legal guardian hereby give permission to:

(child's name):

I also consent that his/her entry in the World Encephalitis Day competition can be used for any publicity, marketing and advertising of World Encephalitis Day, or for publicity, marketing and advertising for The Encephalitis Society.

I understand that the child's name will not be given to press or public without my consent.

Signed:

Date:

Once completed, please return the consent form to comms@encephalitis.info or the address below.

www.encephalitis.info

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