



# 2025 Poison Prevention Poster Contest ENTRY FORM

Please write clearly



Student Information		
Student's First and Last Name:	Grade:	Age:
Name of school attending:	Teacher's Name:	Teacher's Email:
Parent/Legal Guardian Information		
Parent/Legal Guardian's First and Last Name:	Phone Number:	Email:
Home Mailing Address		
Street Address:		
Address Line 2:		
City:	State:	Zip Code:

**Release**  
In consideration of the opportunity to enter the Washington Poison Center's 2025 Poison Prevention Poster Contest, I agree to release my child's poster artwork to the Washington Poison Center, and understand it will become the property of the Washington Poison Center. I agree to allow the Washington Poison Center to use my child's name, grade, and contest-related photographs for promotional purposes. I agree to allow the Washington Poison Center to submit my child's poster to the National Poison Prevention Week Poster Contest, if they meet eligibility requirements. By entering, participants agree to be bound by the rules and decisions of the judging panel and Washington Poison Center.

Today's Date:	Child's Name:	Parent/Legal Guardian's Signature:
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[Add me to the Washington Poison Center email distribution list \(Seasonal Health Alerts & other poison safety information\)](#)

**Attention teachers:** if you are submitting a packet of posters from your classroom, please include your name, email address, and school name. Each poster must have an Entry Form with a signed release (by a parent or guardian) attached.

The Washington Poison Center is always here to help, 24/7/365 by calling: 1 (800) 222-1222.  
All calls are free and confidential.