

**DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH**

**STUDENT ART WORK RELEASE**

I, \_\_\_\_\_, hereby give the Bureau for Public Health (BPH), Antimicrobial Resistance Program, the right to use any art work created by my child, (insert name of student) \_\_\_\_\_, (insert age) \_\_\_\_\_, (insert name of school) \_\_\_\_\_, in any campaign and/or promotional materials to encourage the correct use of antibiotics. I further give the BPH permission to credit my child - by name, age and name of school - in its materials.

This use may include, but is not limited to:

- (1) display of art work on the BPH web page
- (2) use of art work in BPH printed materials, such as brochures and posters

I waive the right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I have read this release and am fully familiar with its contents.

**CONSENT**

I am a parent or legal guardian of the above-named minor with legal authority to execute this release. I give my consent for the use of my child's art work as outlined above.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

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