


Student first name: _____


Teacher last name: _____

School: _____

Protect Your Eyes PSA Contest

(Grades 6-12)





Protect Your Eyes PSA Contest Consent Form for Grades 6-12

PSA Contest Overview

Description

By entering The Vision Council’s Protect Your Eyes PSA contest, your students will have the opportunity to learn what a PSA is, teach their peers about the importance of eye protection, create the best PSA for encouraging kids to wear eye protection, and win a scholarship. Here’s how your students can get involved:

Share that scriptwriters use storyboards to plot out their thinking and ideas. Explain to students that they will be creating a storyboard for their PSA about preventing eye damage. Complete the storyboard on page one. Important note: Only storyboards with the student’s first name, the teacher’s last name, and the school’s name will be considered during this process.

Parent Permission

Any student age 13 or under needs parental consent to enter the PSA contest. See below for the required parental consent form. Please send this form home to each student’s parent/guardian and upload the completed form for each student when you upload the contest entries.



Teacher’s name: _____
School name, city, state: _____
Student’s name: _____

I give permission for my child to be entered to win the Protect Your Eyes PSA Contest.

Parent name: _____
Parent signature: _____
Date: _____