

Kids In Action Parental Permission Slip

I, (name of parent) give permission for my child, (name of child) to share their story, photo, and/or artwork with *ADRA for Kids*. I understand that should my child's submission be selected it will appear in the *Kids In Action* section of the ADRA Kids Web site with their first name and age listed. I agree this is an information piece about my child's action on behalf of ADRA International either personally or within a group and that no cash or payment of any kind will be given for it's useage.

Name of Parent

Name of Child

Street Address

Age of Child

City, State, Zip

Phone Number

Email Address

This permission slip must be filled out and sent with the child's story, photos and/or artwork. If the story represents a group then this form must be filled out for each child within that group and sent to

*ADRA International Headquarters
ATTN: ADRA for Kids
12501 Old Columbia Pike
Silver Spring, MD 20904*