



## YOUTH MEDIA RELEASE

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Please tell us if you are willing to let us quote you and use any photographs that may be taken of you in future publications of the School-Community Health Alliance of Michigan's.

\_\_\_\_\_ **Yes**, the School-Community Health Alliance of Michigan (SCHA-MI) can quote me and may use any photographs taken of me taken by SCHA-MI or use any photos provided to SCHA-MI by myself.

Youth Name (print clearly): \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must sign if under 18 years old)*

Health Center Name \_\_\_\_\_

School Name \_\_\_\_\_

Youth email \_\_\_\_\_ Youth Phone Number \_\_\_\_\_

EMAIL TO:

KEVIN LIGNELL

[KLIGNELL@SCHA-MI.ORG](mailto:KLIGNELL@SCHA-MI.ORG)

SUBJECT: MY HEALTH STORY CONTEST

MAIL TO:

KEVIN LIGNELL

School-Community Health Alliance of Michigan

6035 Executive Drive, Suite 103

Lansing, MI 48911

Phone 517.908.0847

Fax 517.381.8011

[info@scha-mi.org](mailto:info@scha-mi.org)

[www.scha-mi.org](http://www.scha-mi.org)