**AUTHORIZATION FOR NOMINATION:**

**SIGNED STATEMENT BY PARENT/GUARDIAN AND NOMINEE**

I grant Children First Canada permission to use any information shared in the nomination form, as well as the photograph(s) and videos of (name child) for publicity purposes.

**Please fill out the entire form:**

Name of Nominee (First and Last Name):

Signature of Nominee (if age 14 or older):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (First and Last)

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**PLEASE UPLOAD THIS FORM WITH THE** [**NOMINATION FORM**](https://docs.google.com/forms/d/e/1FAIpQLSd136ugucvOMavgMDzY2DRzQnVZYOwcaOEku1M5iZDwiknUFw/viewform) **ALONG WITH THE PICTURE OF THE NOMINEE.**