

PERMISSION SLIP FOR PROJECT HEALING: KID'S HAPPINESS ART PROJECT

Project Healing: Kids' Happiness Art Book

Shari's Promise (www.SharisPromise.org) is compiling a book of art work entitled *Project Healing: Kids' Happiness Art Book* representing the hope of children affected by childhood sexual abuse. Our mission is to provide a creative outlet for the emotions that may arise during the process of recovery. Some ideas of what to create are:

- Draw a picture that expresses your favorite "Happy Place"
- Write a list of "I feel happy when..."
- Compose a poem of "Me"

We hope to give these kids a way to channel powerful feelings such as fear, rage, loss, betrayal, faith, love and hope for the future.

5,000 books will be printed and distributed for free to pediatricians, OB/GYN, dentists, orthodontist's offices, child care centers and various other businesses throughout Howard County to display in their waiting rooms.

If you would like the child in your care to participate and submit his or her original work of art to possibly be included in the Happiness Art Book, please fill out the form below and submit with the art. Art can be submitted to Shari's Promise (www.shari'spromise.com) at P.O Box 2665, Columbia, MD, 21045 or via email at shari'spromise@yahoo.com.

Thank you for participating in Project Healing!

Please note, we may not be able to use every art work donation, but would like to express our gratitude for each and the hope they symbolize. In thanks for their contribution, all artists will receive a Project Healing book.

Child's
Name: _____
(Last) (First)

Child's Birth Date (Day/Month/Year): ____/____/____

I, _____, represent that I am the parent, legal guardian, or legal custodian of the above-named child and that I have the authority to grant permission to Shari's Promise and/or its agents to publish, print, or otherwise utilize images, pictures, drawings or other media created by the above-named child.

___ YES, I give permission to Shari's Promise and its agents to use and/or publish pictures, drawings, and/or images created by the above-named child and to put the pictures, drawings and/or images to use without compensation and for public viewing in publications and/or other printed or electronic materials related to the Project Healing: Kid's Happiness Art Project.

I _____ do _____ do not (check one) wish to receive a free copy of the Project Healing: Kid's Happiness Art Project when available and my mailing address is:

(Street Address) (City) (State) (Zip Code)

Printed name of Parent or Legal Guardian/Custodian: _____

Signature of Parent or Legal Guardian/Custodian: _____

Date: _____
