

PARENT/GUARDIAN PERMISSION FORM:

2006-2007

ENFORCEMENT COMPLIANCE CHECKS INITIATIVE

Please read this form. Your signature at the end of this form signifies your understanding and your permission to allow your youth to participate in the Enforcement Compliance Check Initiative. This form accompanies a separate Underage Buyer Form to be signed by the youth participant and the parent/guardian.

BACKGROUND

Washington County Health Partners, Inc. (WCHP) and local law enforcement agencies are conducting an enforcement initiative to monitor sales of tobacco products to persons under the age of 18. The method used to monitor such sales is to have underage youths, supervised by trained adults, attempt to purchase tobacco products. Your youth has expressed an interest in participating in this Initiative. Your youth will be joining other young people under age 18 in visiting local tobacco retailers and attempting to purchase tobacco products. Trained adults will accompany youth participants to the locations. Money to purchase the tobacco products will be provided. Your youth may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products. If a sale is made to your youth, a citation will be issued to the sales clerk and/or store and the tobacco product will be handed over to a law enforcement official.

INFORMED CONSENT

I understand that the nature of this Initiative is to monitor retailers to prohibit the sale or distribution of tobacco products to persons under the age of 18. I give my permission for my youth to participate in this activity.

I, the undersigned, intending to be legally bound, do hereby release Washington County Health Partners, Inc. from all liability resulting from accidents or injuries sustained by participation in or transportation to and from the above activity.

Printed Name of Youth Participant _____ Date of Birth _____

Printed Name of Parent/Guardian _____ Street Address: _____
City, State, Zip: _____

Signature of Parent/Guardian* _____ Date Signed _____

Daytime phone #: _____ Evening #: _____

Best time to call: _____

THIS SECTION IS TO BE COMPLETED BY THE ENFORCEMENT AGENT:

Printed Name of Enforcement Agent _____ AND _____ Name of Municipality/WCHP _____

Signature of Enforcement Agent* _____ Date Signed _____

This Section to be completed by WCHP
Training Date: _____ - _____ - _____ Date Faxed to DOH: _____ - _____ - _____

***All faxed signatures deemed as originals.**