

HEALTH REPORT – Local Unit



This report is required to be in the State Office on or before March 1st.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
1-888-782-5712 www.tnpta.org

Name of PTA/PTSA _____

Name of President _____ Phone (____) _____

Address _____ City _____ Zip _____

President's email address _____

Name of Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman's email address _____

Council _____ County _____ Region _____

1. Concerning health projects/programs you did this year:
 - a. Does your school have a clinic? _____ If yes, is it staffed by volunteers? _____
 - b. Check training volunteers received: Red Cross School Health _____ First Aid _____ CPR _____
 - c. Did your PTA newsletter include a monthly article on health issues? _____
 - d. Check below the areas your PTA emphasized through educational or other projects/programs:

_____ Alcohol/Drug/Tobacco	_____ HIV/AIDS
_____ Dental Health	_____ Immunizations
_____ Emotional Health & Self Esteem	_____ Nutrition
_____ Indoor Air Quality	_____ Pollution – Air and/or Water
_____ Poison Hazards/Control	_____ Recycling
_____ Prenatal Care	_____ Sex Education
_____ Sexually Transmitted Diseases	_____ Regular Physical Exercise
_____ Teen Pregnancy	_____ Other: _____

(On additional paper answer the following questions)

- e. Please describe at least one of these projects/programs on your attached pages.
2. On a separate page, describe your unit's major accomplishment (best project/program) in the field of health this year.
3. What other agencies assisted you with health projects/programs?
4. Before planning your projects/programs, did you determine what the most important health problems/needs in your school/community were?
5. How can your State Health Chairman be of service to you? What health information would you like to be made available to you?

**NOTE: Up to FOUR (4) single-sided pages may be attached to this form.
ANY REPORT NOT FOLLOWING THESE GUIDELINES WILL BE DISQUALIFIED FROM JUDGING.**

SAFETY POSTER CONTEST GUIDELINES



All entries must be submitted to the State Office on or before March 1st.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
1-888-782-5712 www.tnpta.org

2008-2009 THEME: "Stranger Danger grades K-8" "Stop the Violence" Multi-Media grades 6-12"

Using the theme provided, your local unit may conduct the Safety Poster Contest at any time during the school year, but the winning posters **must** be received in the State Office **on or before March 1**. **Late entries will not be judged.**

Each local unit may select a first, second and third place winner in each grade division (no more than 15 total entries) as follows:

- Division 1: Preschool
- Division 2: Grades K - 2
- Division 3: Grades 3 - 5
- Division 4: Grades 6 - 8
- Division 5: Grades 6-12
- Division 6: Special Education

TOO MANY ENTRIES IN ANY DIVISION WILL AUTOMATICALLY DISQUALIFY THAT ENTIRE GROUP.

POSTER GUIDELINES:

1. The poster shall be regular poster board size, 22 x 28 inches (**a full sheet**).
2. The color and pattern may be chosen by the participant.
Three dimensional posters will be disqualified. No attachments are acceptable.
Poster must be designed and done by the student.
3. The "Student Entry Form" from the most recent State Handbook should be duplicated.
Securely attach the form to the bottom right hand corner of the back of the poster.
4. The judging will be based on:
 - a. originality and creativity,
 - b. educational value of theme development
 - c. age-appropriate quality of work

**A SAFETY POSTER CONTEST STUDENT ENTRY FORM
MUST BE SUBMITTED WITH EACH ENTRY.**

ENTRIES WITHOUT THE APPROPRIATE FORM WILL BE DISQUALIFIED FROM JUDGING.

SAFETY POSTER CONTEST – Student Entry Form



All entries must be submitted to the State Office on or before March 1st.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
1-888-782-5712 www.tnpta.org

2008-2009 THEME: “Stranger Danger grades K-8”

ATTACH ENTRY FORM TO THE BACK OF EACH POSTER ENTRY

Name of Student _____ Grade _____

Address _____ City _____ Zip _____

Name of Parent _____ Phone (____) _____

Address _____ City _____ Zip _____

Name of PTA/PTSA _____ NPTA ID# _____

Name of President _____ Phone (____) _____

Address _____ City _____ Zip _____

President’s email address _____

Name of Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman’s email address _____

Council _____ County _____ Region _____

Name of School _____ Phone (____) _____

Address _____ City _____ Zip _____

Principal _____

Teacher _____

I affirm that this is my own original creative work _____

Student’s Signature

Affirmed by _____

Parent/Guardian/Teacher Signature

For additional information contact the Tennessee PTA state office.

SAFETY POSTER CONTEST – Student Entry Form



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Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville TN 37212
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2008-2009 THEME: “Stop the Violence Multi-Media grades 6-12”

ATTACH ENTRY FORM TO THE BACK OF EACH POSTER ENTRY

Name of Student _____ Grade _____

Address _____ City _____ Zip _____

Name of Parent _____ Phone (____) _____

Address _____ City _____ Zip _____

Name of PTA/PTSA _____ NPTA ID# _____

Name of President _____ Phone (____) _____

Address _____ City _____ Zip _____

President’s email address _____

Name of Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman’s email address _____

Council _____ County _____ Region _____

Name of School _____ Phone (____) _____

Address _____ City _____ Zip _____

Principal _____

Teacher _____

I affirm that this is my own original creative work _____

Student’s Signature

Affirmed by _____

Parent/Guardian/Teacher Signature

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Council _____ County _____ Region _____

EACH LOCAL UNIT MAY SUBMIT THREE ENTRIES IN EACH DIVISION OF THE SAFETY POSTER CONTEST.

Please print or type the names and other information. If not legible, certificates may be incorrect.

Division 1 (Preschool)

1. Name _____ Address _____ Grade _____

2. Name _____ Address _____ Grade _____

3. Name _____ Address _____ Grade _____

Division 2 (Grades K through 2)

1. Name _____ Address _____ Grade _____

2. Name _____ Address _____ Grade _____

3. Name _____ Address _____ Grade _____

Division 3 (Grades 3 through 5)

1. Name _____ Address _____ Grade _____

2. Name _____ Address _____ Grade _____

3. Name _____ Address _____ Grade _____

Division 4 (Grades 6 through 8)

1. Name _____ Address _____ Grade _____

2. Name _____ Address _____ Grade _____

3. Name _____ Address _____ Grade _____

Division 5 (Special Education)

1. Name _____ Address _____ Grade _____

2. Name _____ Address _____ Grade _____

3. Name _____ Address _____ Grade _____

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Address _____ City _____ Zip _____

President's email address _____

Name of Chairman _____ Phone (____) _____

Address _____ City _____ Zip _____

Chairman's email address _____

Council _____ County _____ Region _____

(On additional paper answer the following questions)

1. Concerning safety projects/programs you did this year:
 - a. Did your PTA/PTSA conduct the Tennessee PTA Safety Poster Contest? Yes _____ No _____
 - b. Did your PTA newsletter include a monthly article on safety issues? Yes _____ No _____
 - c. Check below the areas your PTA emphasized through educational or other projects/programs:

_____ Bicycle Safety	_____ Driver/Traffic Safety
_____ Fire Safety	_____ Gangs
_____ Gun Safety	_____ Motorcycle Safety
_____ Pedestrian Safety	_____ Playground Safety
_____ School Bus Safety	_____ Seatbelt/Airbags
_____ Skateboard Safety	_____ Train Safety
_____ Water Safety	
_____ Other _____	

2. Before planning your projects/programs, did you determine what the most pressing safety problems/needs in your community were? Yes _____ No _____

(On additional paper answer the following questions)

3. On a separate page, describe your unit's major accomplishment (best project/program) in the field of safety this year.
 - d. Please describe at least one of these projects/programs on your attached pages.
4. What other agencies assisted you with your projects/programs?
5. How can your State Safety Chairman be of service to you? What safety information would you like to receive or have access to?

**NOTE: Up to FOUR (4) single-sided pages may be attached to this form.
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