

Republic of the Philippines Department of Health **NATIONAL NUTRITION COUNCIL** Regional Office No. 8 Government Center, Candahug, Palo, Leyte



## 2020 NUTRITION MONTH NUTRI-VIDEO CONTEST

## **REGISTRATION FORM**

NAME OF PARENT/GUARDIAN	
ADDRESSS	
CONTACT NUMBER	
NAME OF BABY (Optional)	
AGE OF BABY	
SHORT DESCRIPTION OF THE VIDEO	
LIST ACTIONS DONE BY THE BABY	

You can use additional sheet if needed.





## CONSENT TO PUBLISH AND SHARE VIDEO

I do hereby give permission to the National Nutrition Council VIII to use the video which include my child (Name) \_\_\_\_\_\_\_, a minor for the purpose of promotion and advocacy of the 2020 Nutrition Month Celebration contest particularly *"Ano ang Kayang Gawin ni Baby"*. By signing this consent form, I hereby waive all rights to this video and give permission to publish via online and distribute publicly.

	Date:
Parent/Guardian Name and Signature	
Address:	
Contact Number:	