CALLING ALL Creative Kids!
Be Antibiotics Aware Art Competition

Draw a picture or design a poster illustrating how to “Use the Right Tool” when you are sick!

The Pennsylvania Department of Health invites all children (6-11 years old) to help raise awareness of which tools to use (medication to take) when you are sick. Wash your hands properly, get vaccinated, stay hydrated, and disinfect to stay healthy. Antibiotics do NOT kill viruses!

Here are a few ideas:

• Draw icky germs on dirty hands.
• Draw and/or write tips for what to do if someone coughs or sneezes on your toys.
• Draw yourself getting a flu shot.
• Draw pictures of children sick with germs that don’t need antibiotics — like a cold or the flu. They may need a box of tissues and to drink plenty of liquids, but antibiotics aren’t necessary.
• Draw and/or describe the steps to properly wash your hands to avoid getting sick and spreading germs.
• Design a comic strip poster of everything “germy” you might touch at school or home.
• Create a germ-fighting superhero who uses soap, warm water and vaccines to help prevent the overuse of antibiotics.

Deadline for submission is 5 p.m., October 12, 2018

The top 3 entries in each of the 2 age-group brackets will be awarded a prize. Winning entries will be displayed on the PA Department of Health website.

Complete guidelines available online at www.health.pa.gov.

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

Pennsylvania DEPARTMENT OF HEALTH
Dear Parent or Guardian,

Do you know the right tools to use when you or your child are sick? An estimated 30 percent of antibiotics prescribed in the United States are unnecessary. Incorrectly prescribed antibiotics contribute to the promotion of resistant bacteria. Each year, at least 2 million people become infected with bacteria that are resistant to antibiotics.

Our campaign theme this year is, “Use the Right Tool.” It is important to know what to do to avoid getting sick and what medication to take if you do become sick. Antibiotics do NOT kill viruses! Preventing antibiotic misuse starts first with preventing illnesses. Washing your hands, staying up-to-date on vaccinations, and staying hydrated are just a few ways to stay healthy.

We are encouraging your child to participate in our campaign’s art competition this year. Please join us in this opportunity to help educate your child and their peers about the right tools to use to prevent getting sick.

This art contest is open to children grades 1-5. If you wish to allow your child to submit an entry, please complete and sign the attached parental consent form. Entries can be submitted either by email at Antibioticawareness@pa.gov or mail.

The deadline for submission is Oct. 12, 2018, at 5 p.m., EST. Winners will be notified by telephone by Nov. 12, 2018. The top three entries in each age-group bracket (6-8 and 9-11) will be awarded a prize.

Please include the signed consent form with each entry. For more information, please visit our website at www.health.pa.gov.

Be Antibiotics Aware Art Competition Guidelines:

1. Entries will be judged by these two grade level groups: grades 1-2 and grades 3-5
2. Only one entry allowed per child.
3. Each submission must illustrate how to “Use the Right Tool” when you are sick (Ex: Proper hand washing tips, getting vaccinated, staying hydrated, sanitization, disinfecting surfaces and toys, etc.)
4. Submission types and guidelines:
   - Drawing (Grades 1 and 2)
     o Fit within the borders of the template provided
     o Must be submitted on the template
   - Informational Poster (Grades 3, 4, and 5)
     o Posters must fit on a standard paper size (8.5” X 11”) and provide a meaningful message based on one of the themes above.
     o Total word count cannot exceed 100 words.
     o Submissions may be drawn, hand-written, or computer-generated.
5. Each entry must be an original work of the contestant.
6. Department of Health employees’ children cannot participate in this competition.
7. Most importantly, be creative!

If you have any questions, please contact us at Antibioticawareness@pa.gov or 717-787-1783.
2018 Be Antibiotics Aware Art Competition
Drawing Template

Name: __________________________________________
Age: ____ Address: __________________________________________
City: __________________ State: _____ Zip Code: ________

Mail your entry and consent form to:
Be Antibiotics Aware Competition
Pennsylvania Department of Health
Room 933 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

Or submit entry and consent form by email at:
Antibioticawareness@pa.gov

Deadline: October 12, 2018 at 5 p.m., EST

For more information visit our website at: www.health.pa.gov.
Full name of parent or legal guardian: __________________________________________

Child’s full name (contestant): ________________________________________________

Date of birth (MM/DD/YY): _______________________ Grade level: ________________

Street address: __________________________________________________________________

City: ___________________________ State: _____ Zip code: ________________

Is your child is enrolled in a school? ☐ No ☐ Yes

Name of the school: __________________________________________________________

Is your child attending a childcare facility? ☐ No ☐ Yes

Name of the childcare facility: _________________________________________________

☐ By checking this box:

1. The contestant has my consent and permission to enter and participate in the 2018 Be Antibiotics Aware Art/Video Competition.

2. I acknowledge that I have read and understood the attached competition guidelines. The contestant and I will comply with these contest rules.

3. I allow the contestant’s first name, age, grade level and entry to be displayed on the Be Antibiotics Aware program’s website (www.health.pa.gov) and to be used during the annual National Antibiotic Awareness Week (Nov. 12-18).

Parent or legal guardian contact information

Street address: __________________________________________________________________

City, state, zip: __________________________________________________________________

Phone number: ____________________________

Email: __________________________________________

☐ After the competition, I would like to provide feedback to improve future competitions by receiving a survey to fill out.

_________________________ ____________________________
Signature of parent or legal guardian Date signed

Privacy Statement: Any personal information provided for participation in these competitions will be kept confidential and will not be used, sold or otherwise distributed to third parties.