American Heart Association.
AMERICAN HEART CHALLENGE™

ONLINE PERMISSION FORM

Dear Parent or Guardian,

Our school is making a difference! We are taking part in the **American Heart Challenge,** a service-learning program that gives students the opportunity to feel good, while doing good. With your permission, we will help your student sign up and send emails to family and friends to ask for support in raising funds and awareness for things like **congenital heart defects, CPR training, mental well-being** and **to help end heart disease and stroke.** You and your student can sign in at home anytime to check his or her progress, send more emails or share on social media. We'll need just a few pieces of information to get started in class.

- Personal Email Address: _____
- Desired Username: _____
- Desired Password: _____

Password must be at least 7 characters and contain at least one number.

Help your student get started. Please list the email addresses of family and friends who'd appreciate receiving a message from your student (please print clearly):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

AMERICAN HEART CHALLENGE RELEASE AND INDEMNIFICATION, I represent that I am the parent or guardian of a child who intends to participate in the American Heart Association's American Heart Challenge program. I agree and acknowledge that my child may participate in American Heart Challenge and the on-line fundraising program. This site allows participants to track their individual & school's progress while having access to the AHA's educational and fundraising resources. My child has the option of including a photo and/or video on their site as well as sending out e-mails to family and friends in support of their participation with American Heart Challenge. I further confirm that I agree with the terms of the parent permission form for this event DATA PRIVACY: The AHA values your privacy and commits to protecting all information you give us. By agreeing to these terms, you are also agreeing to our Privacy Policy explained at www.heart.org/Privacy.

☐ I have read this information and grant permission. ☐ I do not grant permission.

Parent/Guardian Signature: _____ Date: _____

DOWNLOAD THE HEART SCHOOLS APP

SCAN THIS QR CODE TO SIGN UP TODAY!

heart.org/schools