



Bureau of Health Promotion
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Maura J. Rossman, M.D. Health Officer

Adolescent Tobacco Awareness Interest Form

Please complete this form if you're interested in the Adolescent Tobacco Awareness Program at the Howard County Health Department.

GENERAL INFORMATION				
Name of referring School Admin:				
Name of person completing form:				Date:
Relationship to student:	Self	Parent	School Admin	Other _____
Main contact person for enrollment:	Student	Parent	School Admin	Other _____
Best contact number:			Email:	

STUDENT INFORMATION		
Full Name:		
School:	Age:	Grade:
Name of Parent/Guardian:		

Please submit completed form to: askhealth@howardcountymd.gov. The program facilitator will respond within 5 business days. For further information, please call the Howard County Health Department Health Educator at (410) 313-6273.