



Dear Parent or Guardian,

Do you know that Lyme disease is a bacterial infection caused by tick bites? Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. If left untreated, infection can spread to joints, the heart, and the nervous system.

This year's Lyme art competition focuses on **Protect. Check. Remove.** Entries should focus on one or more of the following: how to avoid exposure to ticks, check for ticks and/or remove ticks and watching for signs and symptoms of tickborne disease. We want to emphasize that preventing tick bites and removing ticks that do bite are key to preventing Lyme disease. This is why we are encouraging your child to participate in this year's art competition.

Please join us in this opportunity to help educate your child and their peers about where ticks are found and how to prevent encountering ticks in their habitat. Children are encouraged to create a poster or a short video for submission.

This contest is open to children in grades 1-6, and is broken into three groups: grades 1-2, grades 3-4, and grades 5-6.

**Deadline for submission:** Entries must be received by March 14, 2025, at 11:59 p.m.

Entries may be submitted by e-mail: [ra-dhlymecontest@pa.gov](mailto:ra-dhlymecontest@pa.gov)

Or mailed to: Department of Health, Bureau of Epidemiology

c/o Lyme Poster Contest

625 Forster St., 9th Floor

Harrisburg, PA 17120-0701

**Notification of Finalists:** Will occur via email by May 2025.

## Lyme Art Competition Guidelines:

### Competition Rules:

- Entries will be judged in one of three groups: grades 1-2, grades 3-4, and grades 5-6.
- Only **one** entry is allowed per child. Each submission should illustrate how to avoid exposure to ticks, check for ticks, and/or tick removal techniques that are posted to [Tick Diseases \(pa.gov\)](#).



**Submission guidelines:**

- Posters should be on white drawing or heavy construction paper. 11" x 17" is the preferred size. (8.5" x 11" will also be accepted). Electronic artwork should be in a rectangular, vertical (portrait) format. Do not laminate or mount. Please leave a margin without words in case the image needs to be adapted.
- Only original artwork is accepted. Posters may be created using any creative medium. Artwork must not include any copywritten infringements. No copyrighted images/characters/brands can be used (i.e. cartoon characters, superheroes, brands).
- Posters may be submitted electronically or via mail. If mailing to the Department of Health, please print the following information on the back of each poster entry: child's name, grade, teacher's name, school name, school address, and school phone number.
- Videos should be no longer than 30 seconds and should be submitted electronically.
- To be considered, submissions must be accompanied by a completed consent form (below). The consent form should be firmly attached to the poster (or attached to the email if sent electronically).

**Judging Criteria: each entry must**

- Be an original work of the contestant
- Include at least one location where ticks can be found
- Include at least one tick bite prevention, tick check, and/or tick removal technique  
Demonstrate creativity and originality, no copyrighted images/characters/brands can be used
- Be neat in its appearance, meet size constraints with a margin for cropping.
- Most importantly, have fun and be creative!

**Please Note:** Children of Pennsylvania Departments of Health, Education, Environmental Protection, and Conservation and Natural Resources employees cannot participate in this competition.



## Pennsylvania Department of Health Lyme Disease Prevention Art Contest 2025

### Release Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Hometown and County: \_\_\_\_\_

School/Troop/Organization:  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Contact: Telephone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian Contact: Telephone (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

I hereby certify that this poster was entirely created by the student above and is the student's original artwork.

I agree that it may be offered for public display or publication at some time during or after the contest. I understand that this poster becomes the property of the Pennsylvania Department of Health and may be reproduced. The only information that may be released is your child's name, school and grade.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* This form must be attached to each poster or video submission. \*\***