



PARENTAL CONSENT FORM FOR DATA STORYTELLING COMPETITION 2025

Instructions: If you consent to your child's participation in the [**Data Storytelling Competition 2025**](#), please complete and submit this form to via email at widsttgroup@gmail.com. You must first ensure that the team your child is participating in is also registered for the competition [here](#).

The child's image/voice submission will not be accepted in the competition without the following signed approval by the parent/guardian.

☐ I give consent

☐ I **do not** give consent

for my child _____

NAME OF CHILD

to participate in the Data Storytelling Competition 2025 hosted by Women in Data Science Trinidad and Tobago (WiDS TT) in collaboration with the Ministry of Education. I approve of the use of his / her image, voice, submissions, activities, reflections, pictures on the WiDS TT and Ministry's media platforms for the purpose of this programme.

Name of Parent/Guardian in BLOCK letters

Name of School

Signature of Parent/Guardian **and**
ID/DP/Passport Number

Signature of Principal

Date and School's Stamp