



The Government of the Republic of Trinidad and Tobago
MINISTRY OF EDUCATION

PARENT CONSENT FORM

Please complete and submit to the (email address) as part of your child’s submission. Submissions will not be accepted without the following signed approval for all children who wish to enter this competition.

I give consent / I do not give consent for my child

CHILD’S NAME

Of _____

NAME OF SCHOOL

to participate in the Ministry of Education” Competition, “My Teacher is a Superhero” Competition in recognition of World Teachers’ Day 2021. Their video and it’s use on the Ministry’s social media platforms for the purpose of this project is hereby approved.

Name in BLOCK letters

.....

Parent/Guardian Signature

.....

Date