



Guardian Consent Form

For children's submissions to the Dorna children's magazine. Please complete and return with the work.

ABOUT THE CHILD

CHILD'S FIRST NAME

AGE

COUNTRY

WHAT DID THE CHILD MAKE? (DRAWING, STORY, JOKE, PUZZLE, ETC.) AND TITLE IF IT HAS ONE

ABOUT THE PARENT OR GUARDIAN

FULL NAME

RELATIONSHIP TO THE CHILD

EMAIL

PHONE (OPTIONAL)

CONSENT (PLEASE TICK ALL FOUR)

- I am the parent or legal guardian of the child named above.
- I consent to Stichting Dorna processing my child's first name, age, country, and the work submitted, for the purpose of considering it for the Dorna children's magazine.
- I consent to Dorna potentially publishing this work in the Dorna children's magazine, in print and digital editions, credited with my child's first name, age, and country only. No last name. No contact details.
- I understand I can withdraw this consent and request removal at any time by emailing info@dornafoundation.org.

SIGNATURE

SIGNATURE

DATE

How to send

By post: include this signed form with the child's work and post to the address below.

By email: scan or photograph this signed form and send it together with the work to info@dornafoundation.org.

POSTAL ADDRESS

Stichting Dorna
Alexander Boersstraat 18 H
1071 KX Amsterdam, the Netherlands