ARTIST NAME: AGE:

By entering this competition, you consent to the submitted image being publicly displayed within the pharmacy. You also agree to provide your child's name and a contact telephone number, which will be used solely for the purpose of notifying winners. Entries must be submitted by a parent or guardian, who confirms their consent to the processing of this information in accordance with GDPR guidelines.

PLEASE WRITE A CONTACT NAME AND NUMBER ON THE BACK OF THIS SHEET