



Consent form for photographs

Consent

I consent to the following photographs being taken of myself/my child/my ward*

Areas to be photographed

I understand that these will be used:

- 1.* As part of the medical record of my examination, and that they may form part of a report based on that examination and may be revealed in subsequent court proceedings.
- 2.* For lectures and teaching purposes.
- 3.* For publication in medical journals, textbooks or similar publications. In which case I understand that:
 - a. The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps for example somebody who looked after me if I was in hospital or a relative may identify me;
 - b. The material may be published in medical journals world-wide which are distributed mainly to doctors but are seen by many non-doctors, including journalists;
 - c. The material may also be placed on a world-wide web site;
 - d. The material may also be used by medical book publishers;
 - e. The material will not be used for advertising or packaging.

Name of person being photographed

Signed

Date

* Delete as appropriate