**Faculty of Forensic & Legal Medicine**

# Consent form for photographs

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## Consent[1]

I consent to the following photographs being taken of myself/a child for whom I have parental responsibility*

_____

_____

_____

_____

_____

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.

    *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. 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 to doctors, healthcare professionals, and others including journalists;

    c.  The material may also be placed on a world-wide website;

    d.  The material may also be used my medical book publishers;

    e.  The material will not be used for advertising or packaging.

    *Tick as appropriate

Areas to be photographed

_____

_____

_____

_____

_____

Name of person being photographed

_____

Signed

_____

If signed for child, name and relationship

_____

Name of interpreter (if present)

_____

Date _____

## References

1.  *Making and using visual and audio recordings of patients*
    GMC. 2011

## Further reading

*Guidelines on photography – Photography in Custody and SARCs working group (PICS)*
FFLM 2019