

CONSENT FORM

I [Name] provide my consent for information/images about myself/my child or ward/my relative (circle as appropriate) to be published in [Name of journal, manuscript number and corresponding author].

I understand that the information/images will be published without my/my child or ward's/my relative's (circle as appropriate) name attached, but that full anonymity cannot be guaranteed. I understand that the text and any pictures or videos published in the article will be freely available on the internet and may be seen by the general public. The pictures, videos and text may also appear on other websites or in print, may be translated into other languages or used for commercial purposes. I have been offered the opportunity to read the manuscript.

Signing this consent form does not remove my rights to privacy.

Name.....

Date.....

Signed.....

Author name.....

Date.....

Signed.....

Please keep this consent form in the patient's case files. The editors may ask for consent for publication anytime during or after publication of the manuscript.