

INDIAN PEDIATRICS

Consent Form

Consent of Parents/Guardian for publication of material related to clinical images/videos In *Indian Pediatrics*

Description of material (photograph or video): 1. _____ 2. _____ 3. _____

Name of author submitting the Material:

Manuscript number (if known):

I give my consent for all or any part of the material referred to above to appear in the journal *Indian Pediatrics* in print and/or electronic form. I understand that the material may depict my child's medical conditions.

I understand that:

My/ my child's name will not be published with the Material by *Indian Pediatrics*. However, I understand that it may be possible for someone to recognize me from the photographs/videos or accompanying write-up.

The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions, on websites, in sub-licensed or reprinted editions, and for other academic purposes.

I grant and release to *Indian Pediatrics* all rights, title, and interest that I may have in the Material. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material. The Material may be edited, modified, and retouched for academic purposes.

PATIENT Name:

Parent/Guardian Name: _____ Signed: _____ Date: _____

Address: _____

If you are not the parent, what is your relationship with the patient

Witness Name: _____ Signed: _____ Date: _____