

IMAGES

in
PAEDIATRIC
CARDIOLOGY

I am willing
for my child

Date of birth / /

Hospital
registration
number

photographs to be used for the purpose of the Journal 'Images in Paediatric Cardiology'. I understand that this consent is solely for the use specified above, and that my consent will be sought for any other uses of these photographs.

**Signed and dated by
guardian/s of above individual**