

# 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**