IMAGES in Paediatric Cardiology

Consent Form

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 .....