Consent form

I						· · · · · · · · · · · · · · · · · · ·			[Name]	give	my	consent	for
information	about	myself/my	child	or	ward/my	relative	(circle	as	appropria	ite) to	be	published	in
[Name of jour	rnal, ma	anuscript nu	ımber a	nd co	orrespondi	ing author].						
I understand that the information 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 manuscript reporting this patient's details should state that 'Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient. A copy of the consent form is available for review by the Editor of this journal.