

Consent for Taking and Publication or Use of Photographs

Please print or type information

Patient/Subject: _____

I am the parent/guardian of _____ (baby first and last name).
I hereby authorize _____ **(Institution)**
to photograph _____ (baby first and last name) in connection with my
presence in this medical/educational/research facility owned or operated by

_____, and give my consent
that these photographs may be viewed by others to promote health and well-being and in the
spirit of neonatal nursing. I acknowledge that the photographs may be published and republished,
either separately or connection with each other, in all materials developed by International
Biomedical without payment or other consideration. This includes but is not limited to:
publications, website entries, and social media. I hereby irrevocably authorize International
Biomedical to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing
or for any other lawful purpose.

☐ I prefer my baby not to be identified by full (first and last) name

*I am 21 years of age and am competent to contract in my own name. I have read this release
before signing below and I fully understand the contents, meaning, and impact of this release.*

Date _____

Signature _____

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

☐ I prefer my baby not to be identified by full (first and last) name

Date _____

Signature (Parent or Guardian) _____

Printed Name (Parent or Guardian) _____