SickKids®

Non-Clinical Use Photo/Video Release for Staff/General Public

*Date: _____ File # _____
YY/MM/DD

* *Required fields*

*Consent is hereby given to The Hospital for Sick Children (SickKids) to permit:

☐ photographs ☐ artwork ☐ creative writing ☐ video

of (subject's name)

_____
First name *Last name* *Age*

*Please initial the following:

☐ First name and last name may be used ☐ First name only may be used ☐ Please do not use name

for use in a publication intended for public distribution and any other uses SickKids deems appropriate:

_____

*Subject's signature: ☐ patient ☐ staff ☐ parent/guardian

_____
Signature

*Name: _____
First name *Last name*

*Consent by:

Name: _____ Date: _____
Subject/Parent/Legal Guardian *YY/MM/DD*

Signature: _____

*Daytime phone: _____ *Evening phone: _____

*e-mail: _____

Address: _____
Apt #/Street

_____
City *Province* *Postal code*

Internal Use Only

Photograph description: _____

_____ Location: _____

Photographer: _____ GC# _____

This consent is only for the use explicitly stated above. Any and all future uses of the produced material must be reconsented and documented.