



CONSENT TO PHOTOGRAPH for *Clinical Practice and Cases in Emergency Medicine*

The undersigned hereby authorizes the _____ Medical Center, and the attending physician to photograph or permit other persons to photograph _____

Name of Patient

while under the care of the _____ Medical Center, and agrees that the negatives or prints prepared therefrom may be used for such purposes and in such manner as may be deemed necessary, except for the following:

The undersigned hereby agrees to hold harmless the _____ Medical Center, its officers, agents and employees, from any liability result from or arising in connection with the taking, publication in *Clinical Practice and Cases in Emergency Medicine* and release of photographs of the patient pursuant to this agreement.

Signature of patient/parent/guardian

Relation if other than patient

Signature of witness

Date and Hour