



**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:

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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