



### Patient's Consent to Publication

Journal Title: Journal of Pediatric and Adolescent Surgery

Title of Manuscript: \_\_\_\_\_

No. of Figures: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

By signing this consent form I confirm that this consent has been, verbally and in writing, explained to me and I allow/consent use of these photographs, medical record including case history, examination findings, investigation reports, treatment given, outcome details, and any other relevant details of myself or whose I am legal guardian [Patient name given above] to be used in medical publications, including print and electronic forms (on internet). I understand, after publication, these figures and clinical details may not be fully removed even if I wish to retract my consent and that these figures and clinical details will be seen/read by anyone including also general public, doctors, nurses, scientists, and researchers for their professional education and needs. I also understand that the journal will not publish my identity details like my name, address, or my full face (without masking eyes), but still someone can identify me or whom I am a legal guardian. I also agree that the figure or clinical details can be used for teaching purpose or as a medical record and others can also use this material as per journal copyrights and licensing information. I also understand that no payment will be given to me for signing this consent.

I hereby agree to release and discharge authors, and any editors or other contributors and their agents, publishers, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy, copyright or moral rights or violation of any other rights arising out of or relating to any use of my image or case history.

Signature of the patient/legal guardian if the patient is minor: \_\_\_\_\_

For age >7 years, the signature below will indicate the information in this consent form has been fully explained to me and I assent to use my clinical details including figures as written above. (Not needed if patient is less than 7 years old)

Signature: \_\_\_\_\_