

Sample photo consent form

(Please obtain forms specific to your institution and utilize them during your global health elective. The form should be translated into the native language at your elective site)

Name

Date

Department / Location

The undersigned hereby authorizes _____, its agents or employees (or any bona fide news media personnel) to photograph, film (i.e., motion pictures), videotape, produce other illustrative material and / or make audio recordings of me, provided that such photographs, film, motion pictures, videotape, audio recordings or other illustrative material be used only for scientific, education or informational purposes, which, in the judgment of _____ may help to further the goals of _____. These purposes may involve print, broadcast and web-based media.

Signature of person consenting

Address City

State, Zip, Country

Authorized signature for minor or incompetent subject. Relationship to subject

Witness: _____

Signature of physician or staff member: _____