Florence Nightingale Journal of Nursing

PUBLICATION APPROVAL FORM FOR IDENTIFYING CLINICAL IMAGES

I hereby give my consent for photographs/images of my face or distinctive body markings, or other clinical information relating to my case to be published in the Florence Nightingale Journal of Nursing.

I understand and I don't approve/accept ☐

I understand and acknowledge that ☐

- I have a right to refuse to sign this form, and I acknowledge that refusing to give consent will not affect my treatment anyway.
- I have read this form, and the content has been explained to me in detail.
- (If the patient or the legal guardian is not fluent in English) The form and the content has been explained to me in my vernacular language before obtaining consent.
- The images/videos/models/x-rays of me will be published in the Florence Nightingale Journal of Nursing with/without adequately masking my identity.
- My name and initials will not be published in the journal.
- Even though my name will not be published in the article, I acknowledge that I might be identifiable.
- I cannot revoke this consent once I have signed this consent form.

Name of the patient

_____

Signature of the doctor

_____

Date

_____

If the patient or subject is under 18 years old, a parent or legal guardian must consent on behalf of the minor.

Name of the parent or legal guardian

_____

Signature of the parent/legal guardian

_____

Relationships to minor patient/subject

_____

Name of the Translator

_____

Name of the Doctor

_____

Date

_____

Signature of the doctor

_____

Signature of the Translator

_____