

MULTIMEDIA CONSENT FORM – PATIENT

Photography/Film/Video recording for media, promotional, fundraising or social events

PATIENT NAME	D.O.B
PARENT/GUARDIAN NAME	MOBILE
ADDRESS	
EMAIL	

If you or your child is being filmed, photographed or interviewed (the 'Material') as part of an activity in support of **Sydney Children's Hospitals Network** or **Sydney Children's Hospitals Foundation**, you will need to complete and sign this consent form. Agreement is voluntary and participation or refusal will not affect the care your child receives. You may withdraw your consent at any time.

PARENT/GUARDIAN CONSENT

I agree that:

- **Sydney Children's Hospitals Network**, including The Children's Hospital at Westmead, Sydney Children's Hospital, Randwick, Bear Cottage, NETS (Newborn and paediatric Emergency Transport Service), PSN (Pregnancy and Newborn Services Network) and Children's Court Clinic and/or
- **Sydney Children's Hospitals Foundation**

may use this Material (or copies of it) for publication, advertising or illustration, now or in the future. I understand that if the image is published by an external (non-Network/non-Foundation) outlet, whether it is in electronic format or printed media, it can be difficult to retract. I understand that there is a possibility that the Material taken of my child may not be used.

I CONSENT TO THE FOLLOWING INFORMATION BEING RELEASED ABOUT MY CHILD/CHILDREN					
Name	Age	Suburb	Medical condition		
THE MULTIMEDIA MATERIAL MAY BE USED FOR					
Media	Social media	Fundraising	Printed publication	Digital	Third party
PARENT/GUARDIAN SIGNATURE <small>On behalf of a person under the age of 16</small>				DATE	

Public Relations department to complete

PURPOSE	WARD LOCATION
PHOTOGRAPHIC INFORMATION/DETAILS	
STAFF MEMBER NAME	STAFF MEMBER SIGNATURE