

### **Consent to publish**

For anonymous publication of clinical data and photographs of:

Name:

Date of birth:

I give my consent for the medical data to be published in a scientific medical journal. I understand the following:

- The material will be published without the patient's name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere will identify my child through photographs or specific clinical data.
- The material will be published in a scientific medical journal, which has a worldwide distribution. The journal is mainly for research and health professionals but may be seen by others.
- The material will also be placed on the journal's web site. In principle, this site is open only to subscribers but anyone may purchase access to individual articles. In some journal website material older than one or several years, become freely available.

Date:

Name (patient/legal guardian):

Signature (patient/legal guardian):