

CARE PATHWAY DOCUMENTATION and EXTERNAL RESULTS

(using photos, films, etc.)

I consent to my child

(please insert first name and surname in block capitals)

being filmed/photographed during treatment for Care Pathway documentation.

I consent to photographs, film and television recordings being made of the above person and published for the purposes of publicity (use for posters, e-mails, website, advertisements, miscellaneous press releases, etc.).

- ☐ I agree that they may be displayed for education and teaching purposes, etc.
- ☐ I consent to the Ambulatorium Sonnenschein Outpatient Clinic requesting results from other institutions and registered therapists, as required.
- ☐ I consent to departments or clinics that I attend with my child (e.g. Speising Orthopaedic Hospital) being sent results by the Clinic.

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Date

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Signature of guardian(s)