



**National  
Association of  
Neonatal  
Nurses**

**Consent for Taking and Publication or Use of Photographs**

Please print or type information.

Patient or Subject: \_\_\_\_\_

Place \_\_\_\_\_

I hereby authorize \_\_\_\_\_ **[Institution]**  
to photograph me in connection with my presence in this medical/educational/research  
facility owned or operated by \_\_\_\_\_, and  
give my consent that these photographs may be viewed by others to promote my own  
health and well-being and the spirit of neonatal nursing. Also, the photographs may be  
published and republished, either separately or in connection with each other, in  
materials developed by the National Association of Neonatal Nurses.

I prefer not to be identified by full (first and last) name.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Consent on behalf of a minor:** [I] [we] certify that [I am] [we are] the parent[s] or or  
person[s] legally appointed the guardian[s] of the above signator of this instrument, a  
minor person, and that [I] [we] also hereby give the consents and make the  
authorization of this instrument herein above contained.

I prefer the minor not to be identified by full (first and last) name.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Parent or Guardian)