



**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)