National Association of Neonatal Nurses

Consent for Publication of

Care and Treatment Information

Please print or type information

Patient: _____

Institution: _____

By signing below, I attest that I am the parent or legal guardian of the Patient identified above. I hereby authorize the National Association of Neonatal Nurses (NANN) to publish the details of the Patient's care and treatment at the Institution, for educational purposes and to promote the value of neonatal nursing at NANN's 42nd Annual Conference. I understand that this may include disclosure of personal identifying information and protected health information about the Patient and personal identifying information about myself. I also understand that the meeting will be recorded and such recording may be distributed after the meeting.

On behalf of myself and the Patient, I hereby waive and release any and all claims against NANN and its officers, members, directors, employees and agents, related to the disclosure of the information described above.

Signature(s)_____ _____
(Parent or Guardian) (Parent or Guardian)

Date:_____ Date:_____