

Hannah

HANNAHSTORM
FOUNDATION

Media Release

PERMISSION FOR PARTICIPATION OF CHILD'S MEDICAL INFORMATION
AND/OR PHOTOS IN MEDIA OR OTHER PUBLICATIONS

Child's Name

Child's Date of Birth

CONSENT TO PARTICIPATE -- CHILD

The purpose of this consent is to allow for participation of my child's medical information and records (photos, and medical records) to be used for media and/or research purposes. I agree that my child's medical information and/or photos may be used in future medical publications and/or media distributions.

I understand that my child's participation is voluntary. I also understand that my decision to have my child participate/or not participate will not affect the health care my child receives, now or in the future.

Signature of Parent or Legal Guardian

Date

Signature of Witness

Date

Relationship to Child
(Legal Guardian Only)