



Photography/video Consent Form

For patients' consent to the publication of their photograph/video picture at the 16th Nordic Congress of General practice in Copenhagen, Denmark.

Name: _____

I give my consent for this material to appear at the Nordic Congress of General practice in Copenhagen, Denmark between 13th and 16th of May 2009 as part of the exhibition and workshop '**Working in general practice in the Nordic Countries – exhibiting and discussing what it means to work in general practice in the Nordic Countries.**

I understand the following:

- (1) The material will be published without my name attached.
- (2) The material may be selected for publication in a book or as information literature about Nordic General Practice.
- (3) The material will not be used for advertising or packaging.

Signature of patient: _____
(if patient is of legal age)

Signature of parent/guardian: _____
(if patient not of legal age)

Date: