# Sample informed consent form

We would like your permission to photograph you/your relative and record your/their voice for possible inclusion in our publications, website and other publicity material. The image(s) will remain our property and will be used for widening awareness of and support to work on health. Images may be distributed on the Internet, including on social media sites like Facebook and Twitter. You/your relative’s contact details will remain strictly confidential.

By signing this release form, you grant us the right to reproduce, display and disseminate worldwide and in perpetuity, in any traditional or electronic media format, my likeness as shown in the photographs/films captured at this time, which are owned by us, for the purposes given above.

|  |
| --- |
| Name |
|  |
| Address/Location: |
|  |
| Phone (or that of alternative family member/guardian): |
|  |
| Details (why they are being photographed/filmed e.g. pregnant woman with malaria): |
| Signature/Mark: Date |
|  |
| IF SUBJECT IS A CHILD UNDER 16 YEARS OF AGE  I confirm that I am the legal guardian of the child named above and therefore  may grant permission for this subject release on behalf of the child |
| Name of Guardian: |
|  |
| Relationship to Child: |
|  |
| Signature/Mark: Date |
|  |

Adapted from COMDIS HSD Field Communication Toolkit <http://comdis-hsd.leeds.ac.uk/wp-content/uploads/2012/04/53226_COMDIS-HSD_Communications-Toolkit_4.pdf>