



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Informed Consent: Photograph or Video Record for Medical, Educational or Personal Use

My family or my attorney can take pictures or video recordings of me or areas of my body.

- Today
- This hospital stay

Body area: _____

No Bronson employee or equipment will be in this picture.

Bronson staff can take pictures or video recordings of me for:

- Educational purposes. I will not be identified.
- Burns and wound staging. I will be identified.

I have read this consent form or had it explained to me in words I can understand. I understand its contents.

The patient must be 18 or older to sign this form. If the patient is younger than 18, the guardian must sign this form, unless the patient has been emancipated.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Witness Signature: _____ Date: _____ Time: _____

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____