



Affix Patient Label

Patient Name: _____

Date of Birth: _____

Consent for Photographs of NICU Patients

NICU Use Only

Baby's Name: _____

Baby's Date of Birth: ____./____./____.

By checking "yes" and signing this form, you agree:

Bronson Methodist Hospital NICU may take photographs of the infant names above.

The photographs will be provided to the patient's parents/legal guardians and will not be used by Bronson Methodist Hospital in anyway.

These electronic photographs may be stored in a secured file for one year as part of this process.

May Bronson NICU take photos of your baby? Yes No (if no, stop here and do not sign)

Yes, Bronson NICU may take photos of my baby.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Patient: _____ Date: _____ Time: _____

May your baby's photo be displayed on the bulletin board in the hallway in the NICU?

Yes (if yes, please sign below)

No (if no, stop here and do not sign)

Signature of Parent/Guardian: _____ Date: _____ Time: _____