CONSENT FORM

This document is for the parent or guardian of a person that is younger than 18 years of age, incapacitated, or deceased. This document’s purpose is to document consent to depict images and/or videos of the individual in question in academic media produced by members of the University of Pittsburgh Medical Center’s Department of Neurological Surgery and their associates.

I, the next of kin, guardian or parent of the patient mentioned below give my consent for videos or images that could reveal the identity of the patient.

I understand that the name of the patient will not be published, but that it is possible that someone may recognize him or her through videos or images printed in academic media. I realize that these depictions may be produced in print or online and, therefore, understand that they may be seen by the general public.

Date: 11/10/14
Patient Name: Isaiah Perry
Signature: Shelly Laterreur
Printed Name: Shelly Laterreur
(if other than patient’s)
Relationship (patient, volunteer, guardian, next of kin) Mother