



PAEDIATRICS & CHILD HEALTH

The Journal of the Canadian Paediatric Society • Le journal de la Société canadienne de pédiatrie

CONSENT FOR PUBLICATION OF MATERIAL

Manuscript No.: _____

Title: _____

Author(s): _____

**Patients or their guardians have the right to refuse to sign this consent form.
Refusal to sign this form will NOT affect their care in any way.**

I (we) give my (our) consent for this material to be published in *Paediatrics & Child Health*.

I (we) have read the material to be published.

I (we) understand that:

My (our) name(s) and initials, as well as those of my (our) child's, will be not be published and that all efforts have been made to conceal our identities, however the facts of the case are such that anonymity cannot be guaranteed.

Both the printed and electronic versions may be seen by the general public.

If you are not the patient, what is your relationship to him/her? _____

Signature _____

Date _____

Print name _____

**Please return the signed form to Paediatrics & Child Health office
by fax 613-526-3332**