

**Consent form for use when recording patient images
World Association for Trainees in Ob/Gyn (WATOG)**

Recording of Patient Images

WATOG gives you the right to control the future use of photographs or videos taken of you during the course or your treatment.

We would like you to have some medical photographs taken for your case note record and/or for teaching of medical, paramedical and nursing staff and medical students and/or use for professional publication (anonymised).

Your consent limits their use to these purposes only.

Should we wish to use your image in any other way, we will seek your permission to do so.

Consent to photographic or video recording

I have read understood and accept the above statement, and I consent to my image being recorded for these purposes.

Patient Name: _____

Patient signature: _____

Signature of Parent/Guardian: _____

(If appropriate) _____

Date: _____

Minors and Vulnerable Adults

A health professional, who acts as chaperone, must be present when photographing minors and vulnerable adults.

Chaperone Name: _____

Chaperone signature: _____

Job Title _____

Date: _____

As explained to me by:

Patient signature: _____

Signature of Parent/Guardian: _____

(If appropriate) _____

Date: _____