RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

CONSENT FORM

FOR PATIENTS INVOLVED IN MEDIA INTERVIEWS, FILMING OR PHOTOGRAPHS

In the event of being requested to allow the media in to film, photograph or record interviews with our Patients and Parents. The Hospital always ensure patients are completely happy to be involved in these projects by explaining what is involved.

As the parents/guardians of the patient, the decision to be involved or not is entirely yours. Your doctor or the sister in charge will advise whether your child is well enough to be part of such an interview/photo opportunity. Please do not feel under any pressure to agree to take part. Your child's clinical care or treatment will not be affected in any way by the decision you make.

Please feel free to stop the filming/recording interview at any time and for any reason. Your consent to be included in the broadcast or publication may be withdrawn at any time before it is used. You should be aware that once the photos/film are taken we do not have copyright control over them so they may be reused at some time in the future without any further permission being sought.

Please note:
1. That you will not be paid or receive any monetary reward for allowing your child's likeness to be used.
2. You cannot make any claim to the hospital or the Provincial Administration of Western Cape.

PLEASE PRINT:

Hospital/Location: RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

Ward/Department: ONCOLOGY...NEUROSURGERY...GI...TD...

Name of Patient: JORDAN CURTIS
Name of parent or guardian: NATASHA CURTIS (Mother)

Name/Details of Production/Supervisor/Programme: SAJAA

I, the undersigned hereby give consent for the filming/photographing/interviewing of myself and my child.

Signature of parent/guardian:

Print name: NATASHA CURTIS

Date: 27/9/2011

Signature

Witnesses:
1. M.K. KANNEMEYER
   Signature

M.E. KANNEMEYER

Print Name

(2) J.M. THOMAS
   Signature