



SAEM Patient Consent Form

Patient's consent for the publication of material relating to him or her by the Society for Academic Emergency Medicine.

Description of content or photograph (the "Material"): _____

Name of physician submitting the Material: _____

To be completed by the patient:

As a contribution to science, I give my consent for all or any part of the material referenced above to be published by the Society for Academic Emergency Medicine (the "Society") in any media worldwide on a perpetual basis. I understand that the Material may depict my medical conditions.

I understand that:

- My name will not be published with the Material by the Society and the Society will endeavor to maintain my anonymity. I understand, however, that it is possible that someone may recognize me from the images and/or accompanying content.
- The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions of Society publications, on websites, in sublicensed works and in other derivative works or products.
- I grant and release to the Society all rights, title, and interest that I may have in the Material. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material.
- The Material may be edited, modified, and retouched.

If you are a physician, filling out the form for a deceased patient or as a patient with a consent form on file with your institution, you MUST put in patient name, print and sign YOUR name, date form, include institution with explanation of why patient is not signing form.

Patient: _____

Signed: _____ **Date:** _____

Printed Name: _____

Address: _____

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

If the patient is a minor, a parent or guardian must sign _____