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CONSENT FORM

I [Name] give my consent for information about myself/my child or ward/my relative (circle as appropriate) to be used by the members of the **International Society of Pediatric Dermatology (ISPD)** for discussion (in search of diagnosis or treatment), education, or any other appropriate form (circle as appropriate).

I understand that the information will be published without my/my child or ward's/my relative's (circle as appropriate) name attached, but that full anonymity cannot be guaranteed.

I understand that the text and any pictures or videos published on the website may in some form be available on the internet and in that case may be even seen by the general public.

The pictures, videos and text may also appear on other websites or in print, any purpose that the ISPD deems appropriate, and may be translated into other languages or used for commercial purposes. I do understand that I will not be eligible for any sort of royalties at any point.

I understand that my consent will not affect my treatment in any way and that I have the right to withdraw consent by contacting the ISPD, until which ISPD can use all the information indefinitely.

I have been offered the opportunity to read the manuscript. Signing this consent form does not remove my rights to privacy.

Patient's name
Relationship with patient
Date
Sign

Health Professional's name
.....
Date.....
Sign.....