

**Patient Consent Form**  
*The Journal of Collegiate Emergency Medical Services (JCEMS)*

**To be completed by person who administered and explained the form to the patient or representative:**

Title of article, image, or other content (the "Material"): \_\_\_\_\_

Description of [potentially] identifying information: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by identified patient or representative:**

Please check all boxes which apply.

- I have read or observed the Material; or, I have been given the opportunity to read or observe the Material, but I declined to do so.
- I have been given the opportunity to comment on the Material and I am satisfied that the comments, if any, have been reflected in the Material.
- I am legally entitled to provide consent for the publication of the Material.
- I understand that someone reading or observing the Material may be able to recognize or identify me/ the patient.
- I understand that the Material may depict my/ the patient's medical conditions or an instance in which I/ the patient received medical care.
- I understand that my/ the patient's name will not be published in or with the Material by *JCEMS*.
- I understand that all content published in *JCEMS* – including the Material, if I grant permission by signing this form – may be copied, redistributed, or adapted by anyone.
- I understand that I/the patient will not receive, and am hereby giving up my right to receive, payment or royalties associated with the use of the Material.
- I understand that I can revoke consent any time before publication; however, after publication, I cannot revoke my consent.
- I understand that this consent form may be viewed by current and future members of the *JCEMS* Editorial Board.
- I understand that this form will be stored and archived by *JCEMS* as required by law, for no longer than necessary.
  
- I hereby grant *JCEMS* the right to publish the Material without limitation or restriction, in print and electronic issues, on websites, on social media pages, in advertising materials, in promotional materials, in sub-licensed work, in reprinted editions (including in foreign languages), and in derivative works.
- I hereby release *JCEMS*, the editors, publishers, staff, sponsors, successors, and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have – including, but not limited to – for libel, defamation, invasion of privacy, copyright or moral rights or violation of any other rights arising out of or relating to any use of content, information, or images contained within the Material.

By signing below, I declare that I have read and understood this Participant and Patient Consent Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address: \_\_\_\_\_

If signing on behalf of the participant or patient: Please state the reason(s) why the participant or patient is unable to provide consent for themselves (e.g. patient is deceased, a minor, or has cognitive or intellectual impairment) and please state your relationship to the participant or patient. \_\_\_\_\_

\_\_\_\_\_