SURGICAL BRIDGES FOR CHILDREN

Consent for photos and reports

Draft · Version 18 November 2026. Before use, complete all bracketed fields, have the details reviewed and give the person a copy.

1. Project and data controller

Controller: Surgical Bridges, [official name, legal form and address for service].

Contact for questions and withdrawal: [email and postal address].

Data protection contact, if appointed: [contact details].

Project or event, location and date: _____

Reference code without patient information: _____

Participant’s name: _____

Purpose and planned subject: _____

Photos, quotations or passages covered: _____

Specific restrictions: _____

2. What I voluntarily agree to

Tick only the options you agree to. An unticked box means consent is withheld. Publication also requires a selection for the relevant channel in section 3.

[ ] I agree that Surgical Bridges may take photos of me, keep them for selection and edit them for the stated purpose.

[ ] I agree that Surgical Bridges may record, edit and, where appropriate, translate statements I make for the specified report.

[ ] My name may be stated in the following form: _____.

Without this permission, Surgical Bridges will omit attribution by name. Reports must avoid details that identify patients.

3. Where Surgical Bridges may publish

Your selections apply only to the specified material and purpose. Choose photos and reports separately for each channel.

Internal members’ area on surgicalbridges.org: [ ] Photos [ ] Report

Public website surgicalbridges.org: [ ] Photos [ ] Report

Printed materials [title, print run and recipients]: [ ] Photos [ ] Report

Other channels [platform, account, recipients, data location and, where applicable, international transfer and safeguards]: [ ] Photos [ ] Report

End date for publication or criteria to determine it: [date or specific criteria].

Surgical Bridges will obtain separate consent for new purposes or channels. Anyone worldwide may view, copy or share public content. Before you sign, Surgical Bridges must enter the specific provider details for any other channels.

4. Privacy and withdrawal

The lawful basis for the options selected is voluntary consent under Article 6(1)(a) GDPR. Your choice does not affect treatment, support, membership or participation. Access to photos, draft reports and the consent record is limited to authorised people. Recipients and service providers: [list the parties and what they do]. Data locations and international transfers: [specify any relevant details, including safeguards and where to obtain them]. Retention of originals, publications and consent records: [state periods or criteria for each].

You may withdraw your consent in whole or in part at any time using the contact in section 1. Withdrawal does not affect the lawfulness of earlier processing. Surgical Bridges will stop the relevant use and remove the affected material from channels it controls. Printed copies already distributed and copies held by others may remain. Your rights include access, correction, erasure, restriction and, where applicable, data portability. You may complain to a data protection authority. Relevant authority: [name and contact details].

5. Signatures

I had an opportunity to ask questions. I confirm my selections. I was offered a copy of this form.

Place and date:

_____

Participant’s signature: _____

For children: Those with parental responsibility sign in accordance with the applicable representation rules. Explain the choices to the child in an age-appropriate way and invite their views. If the child objects, do not take or use the material.

Name, capacity and signature of parent or guardian 1: _____

Name, capacity and signature of parent or guardian 2, if required: _____

Child’s views and information provided recorded by: _____

Internal note for Surgical Bridges. Keep images of identifiable patients, health data and associated signed records out of the portal. Keep completed forms only in the association’s designated secure records storage.