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**Consent/assent to submission of information about a person for presentation at Neuro Anaesthesia and Critical Care Society events and/or publication in the Journal of Neurosurgical Anaesthesiology (JNA)**

I [full name] ................................................................ hereby

□ consent to information relating to my care; or

□ assent to information relating to the care of [name of person] ................................................................ to be submitted to the Neuro Anaesthesia and Critical Care Society and/or Journal of Neurosurgical Anaesthesiology (JNA)for presentation/publication.

□ I have seen and read the information to be submitted including any photographs or other images.

□ I understand the following:

• the information will be published without my/the person’s name attached.

• the final version of the text may be edited for style, etc.

• the information may be made available in the journal and/or online, and may be seen by non-medical readers including the general public.

• I can withdraw my consent/assent but not after the information has been approved for presentation/publication.

Signed ................................................................ Date ....................................

**Presenters/authors are required to:**

• Obtain written consent (or assent if consent is not possible) using this form, before information is presented/submitted

• Keep this documentation on file but DO NOT submit it with your report (though please note that authors may be asked to provide the signed form as evidence, should a complaint result in a subsequent investigation)