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**Scottish Perioperative Medicine Society**

**Consent/assent form for presentation of publication of information about a person**

I, …………………………………………………………………………….

* Consent to information relating to my care, or:
* Assent to information relating to the care of ……………………………………………………………..

To be submitted to the Scottish Perioperative Medicine Society for presentation at a meeting and/or publication.

* I have had the opportunity to see and read the information and/or images being submitted
* I understand that:
  + - * + The information will be presented/published without my/the person’s name attached
        + The final version of any published text may be edited for style
        + The information may be available or published online and may be seen by non-medical readers including members of the public
        + I can withdraw my consent/assent at any time, but not after the time of presentation or publication

Signed……………………………………………………. Date ………………………….