

Consent form

International Centre for Eye Health (ICEH), London School of Hygiene and Tropical Medicine, London
WC1E 7HT, UK.

If photographic subjects are not literate, or speak another language, the form should be read out and explained to them. They can then indicate consent with either a thumb print or signature.

Name of photographer: _____

Consent to publication

This is to state that I give my permission for the use of my image in publications of the International Centre for Eye Health, including books, journals, reports, CD-ROMs, DVDs and on the web. I understand that the material will only be used in educational publications and will not be used for advertising.

Name: _____

Signature or thumb print: _____

Name of interpreter (where relevant): _____

Signature of interpreter (where relevant): _____

Date: _____

Place: _____