



Creative Works Consent Form

I hereby consent to the publication and republication of photographs, artwork and creative writings done by:

Name: _____

Event/Activity: _____

And authorize Children’s Hospital and Regional Medical Center, its programs and affiliates (“Children’s”) to use such photographs, artwork, and/or creative writings (such as poetry, stories or letters) in any communications medium Children’s, in its judgment, chooses. Such use may include editing, cropping, adaptation, excerpting or other modification, at Children’s choice.

Any restrictions to be observed:

I can revoke this authorization by notifying Children's Communications Department in person or in writing at the address at the bottom of this page. If I do revoke the authorization, it won't affect any actions that Children's has already taken based on this form. I understand that I don't have to sign this form for my child to get treatment from Children's, if applicable.

Signature (Parent/Guardian if under 18): _____

Relationship: _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ E-mail: _____

Witnessed by: _____ Date: _____

Children's Communications Department
P.O. Box 50020/S-217
Seattle, WA 98145-5020
(206) 987-5204