

Media Release and Consent Form

I give permission to "Ear Aid Nepal", to publish my child's story, photograph and information about their medical condition and their care on their website (www.earaidnepal.org), including details of how "Ear Aid Nepal: has assisted in the provision of care.

I also give permission to "Ear Aid Nepal" to share my child's story and photographs with their supporters, members, associates, sponsors, volunteers and trustees in various forms including print and social media.

Parent or legal guardian's name: _____

Contact number or address: _____

Child's Name: _____

Parent or legal guardian's signature: _____

Thumb prints:

Right

Left

Date: _____