MEDIA CONSENT FORM

I, _____________________________, give the Delaware Health Information Network (DHIN) permission to use testimonials/photographs of me gathered on _________________________.

I understand that by signing this form, I authorize the Delaware Health Information Network to use my testimonials/photographs in more than one publication or campaign. The Delaware Health Information Network may use my testimonials/photographs for displays, brochures, newsletters, publicity, and other related purposes.

________________________________  ______________________________  
SIGNATURE                        DATE

________________________________  ______________________________  
PARENT/GUARDIAN’S SIGNATURE       DATE
(if under age 18)