Victim Consent Form

PROJECT/STUDY: “One bullet stories” ORGANIZATION: International Physicians for the Prevention of Nuclear War (IPPNW) LOCAL (NATIONAL) AFFILIATE:

I, _______________________________________ hereby give consent to allow _______________________________________ to record details of my injury (including but not limited to my personal data, details about the incident, and details about my treatment and final outcome) to be disseminated as part of the “One Bullet Stories”. I understand that these Stories will be used to educate the public and decision makers about the health implications of small arms and light weapons (SALW), and attempt to reduce the supply and demand for SALW in the world. I understand that this information may be shown to many people worldwide in publications, presentations and on the internet.

I, _______________________________________ hereby give consent to allow _______________________________________ to also use my real name and unaltered photographs.

_______________________________________  Project member signature  

_______________________________________  Date

_______________________________________  Patient signature  

_______________________________________  Witness signature  

_______________________________________  Date

_______________________________________  Project member signature  

_______________________________________  Date
Proxy Consent Form

PROJECT/STUDY: “One bullet stories” ORGANIZATION: International Physicians for the Prevention of Nuclear War (IPPNW) LOCAL (NATIONAL) AFFILIATE:

I, _______________________________________ hereby give consent to allow

__________________________________________________________________________

to record details of the injury occurring to _________________________________ for whom I have the authorization to give consent for, in this situation where he/she is unable to give consent for themselves (including but not limited to his/her personal data, details about the incident, and details about his/her treatment and final outcome) to be disseminated as part of the “One Bullet Stories”. I understand that these Stories will be used to educate the public and decision makers about the health implications of small arms and light weapons (SALW), and attempt to reduce the supply and demand for SALW in the world. I understand that this information may be shown to many people worldwide in publications, presentations and on the internet.

I, _______________________________________ hereby give consent to allow

__________________________________________________________________________
to also use his/her real name and unaltered photographs.

_______________________________________  _______________________________________
Proxy signature                      Witness signature

_______________________________________  _______________________________________
Date                                Date

_______________________________________
Project member signature

_______________________________________
Date