

**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

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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.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

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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

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

\_\_\_\_\_  
Proxy signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project member signature

\_\_\_\_\_  
Date