



**Consent/assent to submission of information about a person for presentation at  
Wessex Obstetric Anaesthetists events**

I [full name] ..... hereby

consent to information relating to my care; or

assent to information relating to the care of [name of person] .....

to be submitted to the Wessex Obstetric Anaesthetists for presentation (oral and/or poster)

I understand the following:

- the information will be presented without my/the person's name attached.
- I can withdraw my consent/assent but not after the information has been approved for presentation.

Signed ..... Date .....

**Presenters/authors are required to:**

- Obtain written consent (or assent if consent is not possible) using this form, before information is presented/submitted
- Keep this documentation on file but DO NOT submit it with your report (though please note that authors may be asked to provide the signed form as evidence, should a complaint result in a subsequent investigation)