PARENTAL INFORMED CONSENT FORM FOR PUBLICATION OF A CASE REPORT

Title of Case Report:
Management of Facial Cellulitis Secondary to an Infected Primary Molar in a 10-Year-Old Female Patient: A Case Report

Parent/Guardian Consent

I, NGWAGUNUI LINDA, am the parent/legal guardian of BLESSING NGWAGUMI, a 10-year-old female.

I have been informed that the healthcare team wishes to publish a case report describing my child's medical/dental condition, treatment, and outcome for educational and scientific purposes.

I understand that:

1. The report may include clinical information, photographs, laboratory results, and details of treatment.
2. My child's name, address, and other directly identifying information will not be published.
3. Although every effort will be made to protect my child's identity, complete anonymity cannot be guaranteed.
4. The case report may be published in a medical or dental journal and may be available online.
5. Participation is voluntary, and refusal to consent will not affect my child's medical care in any way.
6. I may withdraw my consent before the article is submitted for publication. Once the article has been published, withdrawal of consent may no longer be possible.

I have had the opportunity to ask questions and have received satisfactory answers.

By signing below, I voluntarily give permission for the publication of my child's case information and related clinical photographs.

Parent/Guardian Name:
Nguagunui Linda

Relationship to Child:
Mother

Signature:

Date: 26 / 06 / 2026