TICHFA AFRICA INC.

Tigawa International Children's Heart Foundation Africa

PARENT / LEGAL GUARDIAN CONSENT & MEDIA RELEASE

For child impact stories, photographs, video, and fundraising communications | Form version: November 2026

Every Child Deserves a Healthy Heart. • www.tichfa.org • info@tichfa.org

1. Child and guardian details

Child's preferred public name or pseudonym: _____ Age: _____

Child's legal name (internal use only): _____ Country: _____

Parent/guardian full name: _____ Relationship to child: _____

Email or phone: _____ Preferred language: _____

2. What you are authorizing

TICHFA AFRICA INC. requests your voluntary permission to share selected information about your child to raise awareness of pediatric heart conditions and communicate the foundation's mission. Please mark EACH choice separately. Unchecked choices mean NO permission.

☐ YES ☐ NO Photographs of my child

☐ YES ☐ NO Video or audio recordings of my child

☐ YES ☐ NO My child's first name or approved pseudonym

☐ YES ☐ NO My child's age and country (without precise address)

☐ YES ☐ NO Our family's written or recorded story / quotations

☐ YES ☐ NO General description of the child's heart condition and treatment journey (only details separately approved by me)

3. Approved publication channels

☐ YES ☐ NO Foundation website (www.tichfa.org)

☐ YES ☐ NO Foundation social media accounts

☐ YES ☐ NO Printed brochures, reports, newsletters, and event displays

☐ YES ☐ NO Donor appeals, sponsorship materials, and fundraising campaigns

☐ YES ☐ NO News media or third-party partner publications (separate review required before release)

4. Review of the exact materials

Before first publication, I request: ☐ To review and approve the final story, photo selection, and caption ☐ No additional review

Approved public name: _____ Approved story / image reference or attachment: _____

5. Important privacy and consent terms

• Participation is voluntary. Refusing or withdrawing publicity consent will not affect medical referrals, eligibility review, or other foundation support.

• The foundation will not publish full legal names, exact home addresses, medical records, identifying numbers, or detailed medical information without separate explicit authorization. No diagnosis or treatment result is implied unless verified.

• Online material may be copied, shared, archived, or downloaded by others; complete removal from third-party websites cannot be guaranteed.

• I may withdraw permission for future use by emailing info@tichfa.org. TICHFA will stop new uses and make reasonable efforts to remove content it controls, but prior printed distribution and third-party copies may remain.

• Permission is non-exclusive, without payment, and applies only to the checked uses. TICHFA will not sell the child's image or story or use it to suggest a guaranteed medical outcome.

6. Guardian declaration and signatures

I confirm that I am the child's parent or legally authorized guardian, that I understand the choices above, and that I voluntarily authorize ONLY the items marked YES. I understand I can ask questions before signing.

Guardian signature: _____ Date: _____

Second guardian signature (if required): _____ Date: _____

Child assent (when age-appropriate): _____ Date: _____

7. Foundation internal use — do not publish

Consent received by: _____ Date: _____ Identity/authority verified: ☐ Yes ☐ Pending

Story and media reviewed: ☐ Yes ☐ Pending Publication approved by: _____ Date: _____

Consent record ID: _____ Withdrawal request / restriction notes: _____

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Administrative template for review under applicable child-protection, privacy, and publicity laws; not a substitute for medical treatment consent or a legal review.