



## The Hive Consent Form

\*This form is for the patient and/or their guardian. If the patient is under 18 years of age, their guardian must sign this form. The Hive is a section of our webpage where we hope to feature all of our wonderful bees who are fighting cancer. We want to show the world all of the amazing bees that have joined our family, along with their stories. By clicking the box below and signing this form, I:

- a) Attest that I am the Patient named below and/or the Guardian named below,
- b) Agree to allow the Humble Bumble Project to feature me on The Hive page,
- c) Agree to allow my picture to be posted on this page, along with my story, and
- d) Agree to allow the Humble Bumble Project to update my story throughout our journey together!

**By checking this box, I agree to the above.**

**Patient's Full Name\***

**Is the Patient below the age of 18?\***

**Parent/Guardian's Full Name (If yes to the previous question)**

**Today's Date\***

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)