

Consent for Video and Audio Recording for Professional Development Purposes

Child's Name: _____

Guardian Name: _____

Guardian Name: _____

I agree to allow the staff of _____
(the Program)
to make video and/or audio records of my child as part of normal program activity.

I understand that these materials will be used for professional purposes consisting of viewing or listening to by program staff and other professionals engaged by the program as part of training or supervision for the purpose of developing staff's professional skills.

I understand these materials may be viewed or listened to in the training of other professionals **residing outside of my community** as part of training or supervision to develop professional skills.

I understand that these materials will not be used commercially, posted on the internet, or made available to the general public in any manner. I understand that confidentiality of our identity will be maintained. I understand that I will not receive compensation.

I understand that I have the right to withdraw my consent at any time.

Guardian Signature

Date

Guardian Signature

Date

Witness

Date