

Edgewood Children's Center
PERMISSION TO TAPE AND TO PHOTOGRAPH

Child 's Name _____

Birthdate _____

Permission To Tape

Audio taping

I authorize Edgewood Children's Center to audio tape the above named child throughout the child's stay at Edgewood and to use the tapes for diagnostic, treatment, research, or training purposes. In all such uses, the identity of the child will be appropriately protected. I can withdraw this authorization at any time, without notice, by providing written notification to Edgewood.

I authorize Edgewood Children's Center to audio tape the above named child for the following **specific purpose:**

The identity of the child will be appropriately disguised and protected, and I can withdraw this authorization at any time, without notice, by providing written notification to Edgewood.

I do not authorize Edgewood Children's Center to audio tape the above named child.

Video Taping

I authorize Edgewood Children's Center to video tape the above named child throughout the child's stay at Edgewood and to use the tapes for diagnostic, treatment, research, or training purposes. In all such uses, the identity of the child will be appropriately protected. I can withdraw this authorization at any time, without notice, by providing written notice to Edgewood.

I authorize Edgewood Children's Center to video tape the above named child for the following **specific purpose:**

The identity of the child will be appropriately disguised and protected, and I can withdraw this authorization at any time, without notice, by providing written notification to Edgewood.

I do not authorize Edgewood Children's Center to video tape the above named child.

Permission To Photograph

I authorize Edgewood Children's Center to photograph the above named child throughout the child's stay at Edgewood and to use the photographs in its publications, exhibitions, and other project to benefit Edgewood Children's Center. In all such uses, the identity of the child will be appropriately protected. I can withdraw this authorization at any time, without notice, by providing written notification to Edgewood.

I authorize Edgewood Children's Center to photograph the above named child for the following **specific purpose:**

The identity of the child will be appropriately disguised and protected, and I can withdraw this authorization at any time, without notice, by providing written notification to Edgewood.

I do not authorize Edgewood Children's Center to photograph the above named child.

I understand that authorizing or not authorizing audio taping, video taping, and photographing the above named child will in no way affect the child's placement or treatment at Edgewood. In addition, no promises have been made to me to secure my authorizations other than the considerations named above.

Date

Signature Of Parent Or Legal Guardian

Relationship To Child

Date

Signature Of Child

Date

Witness