**Consent to Video/Audio Record**

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| Green text box provides guidance to aid in consent writing. This entire box should be deleted prior to finalizing the consent form.  *NOTE:* Recording consent language may be incorporated into a main informed consent form or information sheet (if you are obtaining verbal consent) rather than using this standalone form if that is preferred. Be sure to incorporate the elements from this form into the main form. |

**Study Title:**

**PI Name:**

We are requesting your permission to *[video/audio record]* you/your child as part of this study. The part(s) of the study we will record are *[state portions of the research that will be recorded]*. If you agree to the recording, we will use it for *[state specific purpose].*

*If you wish to retain the tapes for other purposes, such as staff training, state:* In addition, we would like your permission to keep them for *[state specific purpose.]*

*(If appropriate include the following)* The recording is optional. You may choose to give permission for one or both uses of the recordings or you may decide not to allow recording at all. Your decision will not affect your/your child’s ability to remain in the study.

If you agree we will store the recordings *[describe storage and security measures.]*

To protect your/your child’s confidentiality, we will *[describe confidentiality measures, including coding, etc.]*

*If recordings will be destroyed at the end of the study, state how long they will be kept, and when they will be destroyed.*

I agree that *[video/audio]* recordings may be taken of me/my child as part of the above-mentioned study.

The films may be used for:

1. \_\_\_\_\_\_\_\_ any purpose relevant to research, medical evaluation, training.
2. \_\_\_\_\_\_\_\_ purposes of the study only.

*If seeking permission to retain recordings for future use:* Please choose how long you allow us to keep the recordings:

1. \_\_\_\_\_ My/my child’s recordings may be kept permanently for research, educational or training purposes.
2. \_\_\_\_\_ My/my child’s recordings must be destroyed after completion of study.

*(If applicable, include the following)* I understand that my consent for this part of the study is optional, and I am free to refuse this request and still participate in the study.

I understand that I may request at any time during the research or after my participation ends that the video or audio recordings of me/my child be destroyed, and the research staff will honor my request promptly.

*(If obtaining verbal consent include the following, otherwise delete):* I understand my/my child’s recordings will be used only in the ways I have agreed to above.

*(If obtaining signed consent use the following, otherwise delete along with signature lines):* My signature below indicates my consent for only the use of these recordings that I have agreed to above.

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Name of subject

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of subject /parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person obtaining consent Date

If you decide during or after participation that you no longer want to allow your/your child’s recordings to be retained contact *[PI name]* at *[PI phone number and email]*.