

## Permission for Use of Video Tape for Educational and Training Purposes

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize, a participant in a SOS Approach to Feeding
Basic Certification Training Program, to video tape me and/or my child for educational and training
purposes. This video tape will be used for the sole purpose of
participation in a SOS Approach to Feeding Basic Certification Training Program.
I understand that SOS Approach to Feeding makes every effort to ensure that privacy and
confidentiality of client information is maintained. Participants in this online courses use PRIVATE of
UNLISTED settings to upload their video to an online service that allows them to share the video with
the Training Leader for review and presentation to the course Participants via an online secure web
platform- Blackboard Collaborate. After the presentation and review is completed, SOS Approach to
Feeding will delete any record of the video from their database as well as the online service.
I further understand that our faces, first names, and other treatment information may be revealed to
Training Leaders, participants, and other SOS Approach to Feeding staff associated with the Basic
Certification Training Program. All Training Leaders, participants, and staff agree to maintain the
family's confidentiality. This video will not be used for any other purpose without expressed, written
consent of the persons in the video or their representative.
A photocopy of this document shall be considered to be as valid as the original.
Parent/Guardian Name (Please Print):
Relationship to the child:
Parent/Guardian Signature:
Date: