

 **CONSENT FOR VIDEO TAPING**

 [SAMPLE CONSENT]

Childs/Research Participant Name:

Title of the Project:

I consent to the video-taping of interviews, procedures, or treatment (of my child).

(Select which apply)

I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that the viewing be discontinued. I also understand that my name or (my child’s name) will not be revealed to anyone and that viewing will be kept confidential. Tapes are filed by number only and store in a locked cabinet.

I understand that confidentiality will be respected and the viewing of materials will be for professional use only.

 This research has been cleared by the University of Windsor Research Ethics Board.

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(Signature of Parent or Guardian) (Date)

 Or

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 (Research Participant) (Date)