

**VIDEO AND PICTURE CONSENT FORM**

I hereby give my permission to Bacharach to videotape and/or to take still photographs of my child, as named below, for teaching purposes. I understand that any videotapes, negatives and pictures are the property of Bacharach. but that I may ask for copies for my own use. I also understand that any photographs or videotapes of my child will be shown only for the sole purpose of teaching other parents and/or professionals how to assess children with feeding difficulties and how to use the SOS Approach to Feeding for treating children with any feeding difficulties. The videos and/or pictures of my child will not be used for any other purpose.

If I choose to decline permission now or to revoke my permission at any time in the future, I may do so without any impact on my child's care at Bacharach. If I wish to revoke my permission in the future, I will submit my request in writing to Bacharach.

I understand that there will be no adverse affects of photographing or filming my child, and that if my child chooses not to be cooperative with filming, the process will be terminated.

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Witnessed By:** \_\_\_\_\_