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**Infant Caregiver Project**

**Video Release Form**

You are being included in training in Child Parent Psychotherapy (CPP) Intervention. We are asking you to grant permission to have the sessions videorecorded. The videorecording will be used for the following purpose:

* Provide supervision for effectively implementing the intervention.

I hereby give the right and permission to:

* Share the videorecorded sessions with the Center for Child and Family Health for the purpose of supervision.

I have read the above and I fully understand this release. I also understand that this release will remain in effect for the period of time needed to fulfill its purpose for up to one year or if I rescind this release by completing the revocation section at the bottom of this form. I further understand that any action taken on this release prior to the rescinded date is legal and binding.

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| Child’s First Name | | | | MI | Last Name | | |  | DOB | |  |
| Parent/Guardian Signature: | | |  | | | Date: |  | | | |  |
| Address: |  | | | | | | | | | |  |
| City/State/Zip Code: | |  | | | | | | | | |  |
| Witness: |  | | | | | | | | | |  |
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| **REVOCATION SECTION** | | | | |
| I do hereby request that this release be rescinded, effective | | |  |  |
|  | | | *(Date)* |  |
| Parent/Guardian Signature: |  | | |  |
| Date: |  |  | |  |
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