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**ABC Intervention Dissemination Project**

**Release Form**

The       (name of program/project) at/with the       (agency/entity) serves parents and children by providing parenting intervention designed to enhance children’s attachment security and ability to calm themselves. Our mission is to ensure that the training is effective for you and for other parents.

You are being included in training in the Attachment and Biobehavioral Catch-up (ABC) Intervention. We are asking you to grant permission to have the sessions videorecorded. The videorecording will be used for the following purposes:

* Provide supervision for the parent training on effectively implementing the intervention.
* The videorecording will be used in evaluation to help determine the effectiveness of the program.

I hereby give the right and permission to:

* Share the videorecorded sessions with       (agency/entity) for the purpose of supervision and program evaluation.

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 I further understand that any action taken on this release prior to the rescinded date is legal and binding.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: |       | Date: |       |  |
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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| I do hereby request that this release be rescinded, effective |       |  |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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