

Name of Child: _____ **Age:** _____ **DOB:** _____

I am consenting to videotaping of this developmental coaching session and I understand that it may be shared with other pediatric providers as part of a training program on how to perform developmental coaching. No identifying information about me or my child will be shared. The videotape will not be stored on the internet without my further consent. I am free to stop the videotaping of the session at any time or request that all or portions of the videotape not be shared. The videotape will be provided for me to review prior to being shared with participants in the training program if I choose to do so.

Video Consent Addendum:

___ I consent to have the coaching video posted in Dropbox where it can be accessed by a limited group of pediatric providers who are learning to use the TREEHOUSE coaching program.

___ I consent to have the coaching video posted on the Maryland Chapter Academy of Pediatrics website for pediatric educational purposes where it can be viewed publicly and may also viewed on You Tube without any identifying information about me or my child.

Patient/Guardian signature

Date