



2023/2024 VIDEO INFORMED CONSENT FORM

STUDENT NAME: _____

DOB: _____

The purpose of this consent is obtain permission for Elim staff to collect video footage for educational planning, and/or training purposes.

Elim Christian School's top priorities include the privacy and confidentiality of its students and their families. I understand that the video/audio collected will not be shared with anyone outside Elim Christian School without the completion of a written consent for release of information.

I authorize the collection of video footage for the following purposes: (check all that apply)

- Communication (e.g. video of student in an individual and/or group setting using a variety communication systems etc.)
- Medical/feeding (e.g. possible seizure activity, correct feeding technique etc.)
- Mobility (e.g. positioning/use of Hoyer lift/use of stander/use of wheelchair etc.)
- Behavior (e.g. proper implementation of behavior strategies, behavior episode documentation, etc.)
- Other, must specify: _____

Per my authorization above, the undersigned agrees to indemnify and hold harmless Elim Christian School, and its directors, officers, agencies, employees, staff members, and agents from any and all claims or liabilities, known or unknown, that arise from Elim Christian School's use and/or reproduction of my above-named child's photographs/images, audio and/or video recordings, identity, likeness, or other media material discussed in this Consent & Release, to the greatest extent permitted by law, including claims by a third party against me, my child, or Elim Christian School. Consent provided per this release may be revoked at any time with written notification to Elim Christian School (Attn: Student Records & Database Administrator). However, the undersigned understands that he/she cannot do anything about the student's name, identity, voice, photograph/image, audio and/or video recording, or likeness that is already disclosed pursuant to this Consent & Release. Upon request and availability, as determined in the discretion of Elim Christian School, the undersigned may review a copy of the audio/video recording prior to distribution.

This release form shall expire on **July 31, 2024**.

I certify that I have read, understand and agree to the terms of this Video Informed Consent Form.

Parent Name & Signature

Date

INTERNAL USE ONLY:

Received by (Elim Staff Member Name): _____

Submit form to Student Records and Database Administrator for processing