



PROVIDER VIDEO CONSENT FORM
PROVIDER PERMISSION TO USE PHOTOGRAPHS & VIDEO
RECORDINGS

I hereby authorize ParentChild+ of _____ and/or ParentChild+ National Center to make video recordings and take photographs of myself and the children in my care in conjunction with ParentChild+ activities. I have received permission from the parents of any children who may be recorded or photographed.

I understand that these photographs and video recordings will be used only for training activities, educational purposes, and as promotional and fundraising material, which may include social media, and/or ParentChild+ National Center.

Provider name (print) _____

Provider signature _____

Phone number _____

Email _____

Date _____