



**PARENT VIDEO CONSENT FORM**  
**PARENT PERMISSION TO USE PHOTOGRAPHS & VIDEO RECORDINGS**

Your family child care provider has volunteered to take part in a 24 week professional learning initiative which happens during child care hours in the home. Part of the initiative is to support the professional growth and development of your provider. By providing consent and signing this form, you agree to allow your child(ren) to participate in ParentChild+ photos, videos, and media.

Parents/Guardians are free to opt-out of any video/photo opportunities that take place when child(ren) are in care. Participation in video/photo opportunities is entirely optional.

I hereby authorize ParentChild+ of \_\_\_\_\_ and/or ParentChild+ National Center to make video recordings and take photographs of my child/children.

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.

Date: \_\_\_\_\_

Child/Children's name (print): \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_