Video Recording Permission Form

Dear Parent/Guardian or Patient:

Your or your child's athletic trainer is either a student in the College of Nursing and Health Sciences at Valdosta State University or has agreed to serve as a Preceptor for a VSU student. One of the required activities for this university student will be the video recording of the application of clinical skills. The recording will be used to help the VSU student identify strengths and weaknesses in instruction and teaching methods. The primary focus of the recording will be the VSU student, not you or child or other persons in the room. No names will appear in any written material about the recording.

The form below will be used to document your knowledge of this activity and to grant or deny your permission for you or your child to appear on the video recording.

Sincerely,

Anita Hufft, PhD.
Dean, College of Nursing and Health Sciences
Valdosta State University

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PERMISSION FORM

Student/Patient Name _____

Site/Athletic Trainer_____

If a minor:

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the VSU Athletic Training student and agree to the following:

(Please check the appropriate blank below.)

☐ **I DO** give permission for my child to appear on a video recording and understand my child's name will not appear in any material written about the recording.

☐ **I DO NOT** give permission for my child to appear on the video recording.

_____ _____

Signature of Parent or Guardian Date

If an adult:

I am the patient and I have received and read the letter regarding the VSU Athletic Training student and agree to the following:

(Please check the appropriate blank below.)

☐ **I DO** give permission for myself to appear on a video recording and understand my name will not appear in any material written about the recording.

☐ **I DO NOT** give permission for myself to appear on the video recording.

_____ _____

Signature of Adult Patient Date