



## Authorization for Photographs and Video

I hereby grant my permission to ChildServe to take pictures, films, slides, audiotapes, videotapes, drawings and other related audiovisual materials to provide observation of:

\_\_\_\_\_   
 First and Last Name of Child or Individual Receiving Service

Authorized photographer(s): \_\_\_\_\_   
 (May include individuals or staff departments)

I authorize the use of photographs/videos for the following purposes (check all applicable):

- \_\_\_\_\_ Training or education of or by ChildServe staff   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ ChildServe staff personal use (not to be published in any media)   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ Publication or broadcast by the news media   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ External publication or presentation   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ Internal display or presentation   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ Marketing or fundraising purpose   
 Specific use: \_\_\_\_\_
- \_\_\_\_\_ Other purpose   
 Specific use: \_\_\_\_\_

- "Photographs and video" includes any electronic or audio recording media.
- This consent applies only to the specific uses identified above, not to the general categories. Separate authorization must be provided for additional uses and/or additional photos/video taken in the future.
- I understand that photographs and videos also may be made for diagnosis, treatment, and identification purposes as part of a care plan without a signed consent form.
- I understand that I can revoke this authorization at any time to stop future actions described in the paragraph above, except to the extent that ChildServe has already undertaken an action in reliance upon this authorization. I understand that to revoke an authorization I must send a written notice to ChildServe's Communications Department at the ChildServe Center, P.O. Box 707, Johnston, IA 50131. Questions should be directed to ChildServe's Communications Manager at 515-727-8750.
- This consent will expire in two years or on this date: \_\_\_\_\_

Signature of individual or parent, guardian or authorized representative \_\_\_\_\_

Printed name of individual or parent, guardian or authorized representative \_\_\_\_\_

Date \_\_\_\_\_