

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I am consenting to videotaping of this developmental coaching session and I understand that it may be shared with my consent with other pediatric providers as part of a training program on how to perform developmental coaching. No identifying information about me or my child will be shared. The videotape will not be stored on the internet without my further consent. I am free to stop the videotaping of the session at any time or request that all or portions of the videotape not be shared. The videotape will be provided for me to review prior to being shared with participants in the training program if I choose to do so.

Video Consent Addendum: please check off the appropriate paragraph

I consent to having the coaching video viewed only by my pediatric provider for their own professional growth during developmental coaching training. I understand that the video will not be shared with anyone else.

I consent to having the coaching video posted in Dropbox where it can be accessed by a limited group of pediatric providers who are learning to use the TREE coaching program.

I consent to having the coaching video posted on the Maryland Chapter Academy of Pediatrics website for pediatric educational purposes where it can be viewed publicly and may also viewed on You Tube without any identifying information about me or my child.

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Patient/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_