



Permission to Video and/or Audiotape

I give permission and consent for North Oakland Autism Center to video and/or audio tape my child during the time my child is enrolled in services. I understand these videos and/or recordings will **NOT** be used outside NOAC, and will be kept confidential. I understand that any video and/or audio recordings will be used for the purposes of staff supervision, development and/or adjustment of ABA treatment protocol, as well as for NOAC staff training purposes.

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

Child's name: \_\_\_\_\_

Signature (parent/guardian)
X
Print name (parent/guardian)