

School of Occupational Therapy

School Assignments
Consent for Use of Media

I hereby give permission to audiotape, videotape, and take photographs of me or the person(s) for whom I am an official guardian. I understand that the use of such media is to be used only for the purpose of this student's assignment.

Name of person (please print)

If applicable, name of guardian (please print)

Signature of person or guardian

Date

Name of OT student (please print)

Title of assignment (please print)

For audiotapes, videotapes, or photographs of any person under the age of 18 years, the permission of his or her official guardian must be obtained.