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.