



THE HOSPITAL FOR  
SICK CHILDREN

Research Ethics Board

**Research Ethics Board**  
**Video/audio taping & photography consent form template**

**Title of Research Project:**

**Investigator(s):**

**Confidentiality:**

*“The pictures or tapes produced from this study will be stored in a secure, locked location. Only members of the research team (and maybe the SickKids monitor, or employees of the company sponsoring the study or the regulator eg., Health Canada) will have access to them. Following completion of the study the tapes/pictures will be kept as long as required in the SickKids “Records Retention and Destruction” policy. They will then be destroyed according to this same policy.”*

**Consent:**

*“By signing this form,*

- 1) I also agree to be taped/photographed during this study. These tapes/photographs will be used to [ include rationale] \_\_\_\_\_*
- 2) I understand that I have the right to refuse to take part in this study. I also have the right to withdraw from this part of the study at any time. eg., before or even after the tapes or photographs are made. My decision will not affect my health care at SickKids.*
- 3) I am free now, and in the future, to ask questions about the taping/picture taking.*
- 4) I have been told that my medical records will be kept private. You will give no one information about me, unless the law requires you to.*
- 5) I understand that no information about me (including these tapes/pictures) will be given to anyone or be published without first asking my permission.”*
  
- 6) I have read and understood pages 1 to \_\_\_\_\_ of this consent form. I agree, or consent, to having my picture taken/being taped as part of the study.*

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*Printed Name of Subject*

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*Subject's signature & date*

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*Printed Name of person who explained consent*

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*Signature & date*

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*Printed Witness' name (subject does not read English)*

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*Witness' signature & date*

*In addition, I agree or consent for this tape(s)/photograph(s) to be used for:*

- 1. Other studies on the same topic. o*
- 2. Teaching and demonstration at SickKids. o*
- 3. Teaching and demonstration at meetings outside SickKids. o*
- 4. Not to be used for anything else. o*

*In agreeing to the use of the tape(s)/photograph(s) for other purposes, I have been offered a chance to view/hear the tape(s)/photograph(s). I also have the right to withdraw my permission for other uses of the tape(s)/photograph(s) at any time.*

---

*Printed Name of Subject*

---

*Subject's signature & date*

---

*Printed Name of person who explained consent*

---

*Signature & date*

---

*Printed Witness' name (subject does not read English)*

---

*Witness' signature & date*



THE HOSPITAL FOR  
SICK CHILDREN

Research Ethics Board

**Research Ethics Board**  
**Video/audio taping & photography consent form template**  
*(for children who cannot consent for themselves)*

**Title of Research Project:**

**Investigator(s):**

**Confidentiality:**

*“The pictures or tapes produced from this study will be stored in a secure, locked location. Only members of the research team (and maybe the SickKids monitor, or employees of the company sponsoring the study or the regulator eg., Health Canada) will have access to them. Following completion of the study the tapes/pictures will be kept as long as required in the SickKids “Records Retention and Destruction” policy. They will then be destroyed according to this same policy.”*

**Consent:**

*By signing this form;*

- 1) I also agree to have my child taped/photographed during this study. These tapes/photographs will be used to [ include rationale] \_\_\_\_\_*
- 2) I understand that I have the right to refuse to let my child take part in this study. I also have the right to take my child out of this part of the study at any time. eg., before or even after the tapes or photographs are made. My decision will not affect my family’s health care at SickKids.*
- 3) I am free now, and in the future, to ask questions about the taping/picture taking.*
- 4) I have been told that my child’s medical records will be kept private. You will give no one information about my child, unless the law requires you to.*
- 5) I understand that no information (including these tapes/pictures) about my child will be given to anyone or be published without first asking my permission. ”*
- 6) I have read and understood pages 1 to \_\_\_\_\_ of this consent form. I agree, or consent, to have my child \_\_\_\_\_ taped/photographed during this study.*

\_\_\_\_\_  
*Printed Name of Parent/Legal Guardian*

\_\_\_\_\_  
*Parent/Legal Guardian’s signature & date*

\_\_\_\_\_  
*Printed Name of person who explained consent*

\_\_\_\_\_  
*Signature & date*

\_\_\_\_\_  
*Printed Witness' name (if the parent/legal guardian  
does not read English)*

\_\_\_\_\_  
*Witness' signature & date*

*In addition, I agree or consent for my child's tape(s)/photograph(s) to be used for:*

- 1. Other studies on the same topic o*
- 2. Teaching and demonstration at SickKids. o*
- 3. Teaching and demonstration at meetings outside SickKids. o*
- 4. Not to be used for anything else. o*

*In agreeing to the use of my child's tape(s)/photograph(s) for other purposes, I have been offered a chance to view/hear the tape(s)/photograph(s). I also have the right to withdraw my permission for other uses of the tape(s)/photograph(s) at any time.*

\_\_\_\_\_  
*Printed Name of Parent/legal guardian*

\_\_\_\_\_  
*Parent/legal guardian's signature & date*

\_\_\_\_\_  
*Printed Name of person who explained consent*

\_\_\_\_\_  
*Signature & date*

\_\_\_\_\_  
*Printed Witness' name (parent/legal guardian  
does not read English)*

\_\_\_\_\_  
*Witness' signature & date*