



IMPROVING PEDIATRIC ACUTE CARE THROUGH SIMULATION

**AUDIOVISUAL DIGITAL RECORDING CONSENT**

I am hereby informed that there is continuous audiovisual digital recording today in the ImpACTS program. I consent to continuous audiovisual digital recording while I am in the trauma room. I understand that, unless authorized by me, I will not be specifically identified and that the recordings will be shown only for educational, research, or administration purposes. No commercial use of the audiovisual recordings will be made without my written permission.

**RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES**

I authorize faculty and administrators of \_\_\_\_\_ to publicly show still photograph (slides or prints) and/or videotapes depicting me during simulation today. I understand that, unless otherwise approved by me, I will not be specifically identified, and that the photographs will be shown only for educational, research or administration purposes. No commercial use of the photographs (slides or prints) and or videotapes will be made without my written permission.

I have read all the above and agree to the terms under audiovisual digital recording.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name