

BPNA Video Consent Form

Version 2, 2023

Education is an important way to improve care for children and families with neurological problems. The British Paediatric Neurology Association (BPNA) uses videos of children and young people as part of teaching. The videos are an excellent way to show what conditions look like and how we can best provide care. The BPNA requires your specific consent to keep and use copies of videos. **Choosing to give or not give consent will not affect your child's health care.**

Videos are kept securely as digital files on devices and secure cloud-based web services. The teaching resources are used both inside and outside hospitals and clinic settings. They may be used in other countries as part of the BPNA's international neurology training. They are provided to defined health care professionals working with the BPNA within defined training courses. Your child's name or other personal details will not be shared with other organisations and will be held in accordance with the UK Data Protection Act. Your child may be recognisable depending on how your child appears in the video. The video may be used in case-based teaching but no identifiable clinical details will be shared about your child. We cannot fully guarantee that the video will not enter the public domain. You or your child may withdraw consent at any time by contacting the BPNA. **We will seek renewed consent once your child reaches 16 years of age and if they have capacity to consent.**

Statement of professional

The relevant individuals have been informed of the intended use for the video.

Name of professional.....

Job Title.....Health Service Address.....

Signature of professionalDate.....

Statement of Person with Parental Responsibility

I understand that the video is for teaching health and non-health professionals. I understand that you cannot guarantee that the video will not enter the public domain.

Full name of child or young person..... Child's date of birth:.....

Full parent name..... Relationship to child/young person.....

Parent home address.....

Parent phone number..... Parent e-mail.....

Signature of parent..... Date.....

If your child is able, please discuss the video with them and ask them to give consent below. If your child is not able to give consent, then we only need your consent.

Statement of Young person (where applicable)

I understand that the video is for teaching health and non-health professionals. I understand there is a chance the video may enter the public domain.

Signature of young person..... Date:.....

Brief description of video contents:

BPNA use: Original Filename..... BPNA Filename.....