



Consent form for video recording of a child or young person to be used for the education of health professionals

The children's medical team at(*HOSPITAL*) has a video recording of your child..... (*NAME*) obtained on (*DATE*). You have the right to control the future use of this recording.

You may be aware that there is a desire within the UK to improve services for the diagnosis and management of children with epilepsies and conditions that may mimic them. The further education of health professionals is a vital part of this. There are very few videos currently available to show professionals the different types of episodes that children experience. Our team are working with other children's epilepsy specialists within the British Paediatric Neurology Association (BPNA) to develop a DVD resource. This will only be used on specific courses to teach health professionals about epilepsies and disorders that may mimic them. Videos will remain under the care of the BPNA and will not be copied onto other parties.

We would like to use a section of the video of your child and need your consent to do this. If you/your child decline to sign this form, this will in no way affect their health care or our relationship. The video shows your child at a vulnerable time and you/they may not want anyone else to see it. If this is the case, we will not use it.

Statement of Parent

In view of the explanation given by I consent to the video recording being made available for teaching health professionals under the supervision of the BPNA as described above. The video recording will not be shown to members of the general public or copies of it made for any other purpose.

Parent's Signature:..... Date:

Parent's Name (PRINT):..... Relationship to child/young person:.....

If your child has sufficient understanding and intelligence to understand fully what is proposed, then it is recommended you discuss this with them and ask them to sign below. If children are not able to give consent for themselves, your signature above will suffice.

Statement of Young person

In view of the explanation given to me byI consent to the video recording on(date) being made available for teaching health professionals under the supervision of the BPNA as described above. The video recording will not be shown to members of the general public or any other copies of it made.

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

Name (PRINT):.....



Guidance for Donors of Videos to the BPNA Paediatric Epilepsy Training (PET) Course

What you can expect:

- The video footage will not be passed onto any third party without your written permission.
- The video footage will be supervised.
- Copies will remain the property of and in the possession of the BPNA.

What we would like:

The consent form is legally adequate for permanent use of the video footage as outlined. However, the BPNA would like to give children reaching Gillick competence (mental age of 13-16 years) the option to withdraw their permission and arrange destruction of any footage.

Please could you complete the following steps for all children:

1. After completing the consent form (page 1), complete the remaining details below about you, the child and the video clip (page 3)
2. Retain a copy of these forms for your own records
3. Send original forms with video clip to:

Dr Colin Dunkley
Consultant Paediatrician
King's Mill Hospital
Mansfield Road
Sutton-in-Ashfield
Nottinghamshire
NG17 4JL
Colin.Dunkley@sfh-tr.nhs.uk

4. The original video will be returned to your stated address below with an edited copy of the video in digital format and a further copy of the consent forms.
5. This consent form will only cover use of the video clip within the Paediatric Epilepsy Training Course and you will still need to follow local consent procedures for any other uses of the video



Details of Professional Donating Video:

Your name:
Your address:
Your email:

Child's/Young Person's Details:

Please tick one of the 4 boxes:

This child/young person will not achieve 'Gillick competence' (will never achieve a mental age above 12 years).

This young person is already 'Gillick competent' and understands the implication of the consent form.

This child was not 'Gillick competent', but is likely to achieve competence. He/she will need to be contacted in(year), for permission to continue using the footage. If it is not possible to contact him/her, the footage in possession of the BPNA should be destroyed.

I am unable to complete the above details. It will be assumed the child achieves Gillick competence at 13 years and consent will expire unless renewed consent is obtained.

Video Details:

Child's Name
Child's Date of Birth
Child's home address

Position of episode on tape

Description of episode recorded

Diagnosis of episode

Relevant clinical background

Any relevant EEG details (copy of corresponding EEG reports or clinic letter ideal)