



Video Consent Form

Child's name: _____

Date of birth: _____

I agree to be video recorded with my child as part of my participation in More Than Words[®] - The Hanen Program[®] for Parents of Children with Autism Spectrum Disorder or Social Communication Difficulties. I agree that the video recording of me and my child may be shown during the group session of the More Than Words Program in which I am participating.

Name: _____ Signed: _____

Relationship to child: _____ Date: _____

Name: _____ Signed: _____

Relationship to child: _____ Date: _____

Name: _____ Signed: _____

Relationship to child: _____ Date: _____