

## Model Consent Form for General Public (Child)

I, \_\_\_\_\_ (name of parent/guardian), give permission for my child's photograph and/or video recording to be taken by SUNY Downstate Health Sciences University (and/or its agents) for the purposes of publicizing, promoting, marketing, or advertising SUNY Downstate Health Sciences University's activities, programs, or services.

In giving this consent I understand that my child's photograph and/or video recording may be published or appear on SUNY Downstate website, on electronic monitors on campus, in SUNY Downstate publications, on the internet, in social media, in mobile phone applications, or on other media outlets. I also understand that my child may be identified by name in such media.

I understand that neither I, nor my child, nor SUNY Downstate, will receive any direct or indirect remuneration as a result of this authorization.

Parent/Guadian Signature: \_\_\_\_\_

Parent/Guadian Name (print): \_\_\_\_\_

Child/Student's Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_