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CONSENT FORM FOR INTERVIEW, VIDEO, AND/OR PHOTOGRAPHY

I give my consent to be interviewed, videotaped, and/or photographed for use by the Los Angeles County Department of Public Health and other Los Angeles County Departments. I understand that my interview, video, and/or photographic image may be used in print or digital/electronic form (e.g., publications, website, advertising, videos) and may recognize my association with the County of Los Angeles, including the Los Angeles County Department of Public Health.

Full Name (print) _____		
Address _____		
City _____	State _____	ZIP code _____
Phone _____	E-mail Address _____	
Signature _____	Date _____	

<p>Minor Consent: If you are a parent/legal guardian signing on behalf of a minor (less than 18 years old), please also complete the portion below.</p> <p>Minor's Full Name (print) _____</p> <p>Relationship to person completing this form _____</p>

For Staff Use Only

Description _____