

Picture Consent for Child Participant

- Yes, I would like to have my picture taken during the EEG. Please send me a copy of the picture(s), and you can use any other copies of my pictures when you talk to others about the results of this research or when you are asking other kids and adults to be in the study. I understand that my name and how I do on all of the activities will not be told to anyone when my picture is shown to them.
- Yes, I would like to have my picture taken during the EEG. However, I would like all copies to be sent to me, and all negatives or digital originals not used to make pictures to show other people.
- No, I would not like my photos to be taken.

Participant's Name Printed

Participant's Signature

Date

Parent/Guardian's Signature

Date

Project Staff's Signature

Date