Audio/ Video Consent Form **[added to the bottom of the consent form if appropriate]:**

Optional Video/Picture Consent

During this research study, we may [INSERT: photograph, video record, or audio record] you. These recordings will be used for [INSERT: research analysis, training purposes, or scientific presentations]. As with all information, these recordings will be securely stored for [INSERT storage duration, e.g., five years] and accessible only to the research team. After this period, the recordings will be [INSERT: securely deleted, archived, or anonymized]. By signing below, you give permission for our researchers to [INSERT: photograph, video tape, record] you during the study.

You may withdraw your consent for recording at any time before the study is completed. If you choose to withdraw, any recordings of you will be deleted unless they have already been included in a published research presentation, academic conference, or scientific journal.

☐ I agree to be **audio recorded** during this study.  
☐ I agree to be **video recorded** during this study.  
☐ I agree to be **photographed** during this study.  
☐ I do **not** consent to any recordings.

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Participant [*INSERT if appropriate:* Parent] Signature Date Time

**Consent for Recordings or Stills to Appear in Research Presentations**

This research may be presented at scientific meetings and conferences. In research presentations or scientific meetings, we may use **short, de-identified video clips or pictures**. You can choose whether to allow or decline this. By signing below, you give permission for our researchers to use video clips and/or pictures you may be included in. You have the right to review any recordings before they are used and to request that any recording of you be deleted at any time before the research is published or presented. Of course, video clips/pictures will not contain your [*INSERT if appropriate:* or your child’s] name or any other identifying information.

You may withdraw your consent for recording at any time before the study is completed. If you choose to withdraw, any recordings of you will be deleted unless they have already been included in a published research presentation, academic conference, or scientific journal.

☐ I **agree** to allow **video clips or pictures** of me to be used in research presentations.  
☐ I **do not agree** to allow video clips or pictures of me to be used in research presentations.

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Participant [*INSERT if appropriate:* Parent] Signature Date Time