

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institutes of Health

Eunice Kennedy Shriver National
Institute of Child Health and
Human Development
Bethesda, Maryland 20892

Photo/Video Consent Form

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

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- ♦ I understand that the NICHD will retain this consent form only; the Institute will not retain my/my child's personal information, nor will it provide such information to others.

I,	, agree to the conditions listed above and give my
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electronic formats.	
Signature of Individual/Parent/Guardian	Date
Names of All Children Being Photographed	