

**Neurology® Journals**

**Consent for Publication of Photos, Videos, and Other Identifying Materials**

I authorize publication in the journal *Neurology*® of photographs, video tapes, sound recordings, or other materials that may identify my child or me. I understand that the American Academy of Neurology will own the copyright to these materials and may grant permission for use of these materials for teaching, research, scientific meetings, other professional journals, medical books, broadcasts, advertising, and other purposes. These materials may appear in print and online and the public may have access to them.

\_\_\_\_\_  
Signature and printed name of patient

OR

\_\_\_\_\_  
Signature & printed name of guardian

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date