

Consent Form

Thank you for coming to Lancaster University to take part in infancy research. Please read the information and sign below if you agree for your baby to take part in the research.

- I have been given a written description of what the study will entail.
- I have been informed that the purpose of the study is to examine the correspondences between the brightness of objects and the anticipated pitch that they evoke.
- I am aware that the procedure will involve my son/daughter sitting in a baby chair or on my knee and watching a series of computerized displays.
- I understand that my infant will be recorded on camera so that his/her looking preferences can later be examined by independent raters.
- I am aware that risk of discomfort to my infant is minimal and is not considered significantly different to everyday experiences.
- I am aware that I will receive a contribution towards my travel expenses.
- I understand that I am able to withdraw my infant from the study up to one month after participation without having to offer an explanation. Withdrawal from the study will not affect payment of travel cost contribution.
- I have been given the opportunity to ask any questions I may have and I feel these have been answered as fully as possible.
- I have read and understood the above information and agree for my infant to take part in the research as described.

Name of infant..... Date of birth.....

Name of parent.....

Signature of parent..... Date.....

Signature of researcher..... Date.....

If you have any questions about the project, please feel free to contact:

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