

Letter of Permission

To Whom It May Concern,

I, the undersigned, am the parent/legal guardian of the patient, a 6-year-old boy diagnosed with locked-in syndrome due to a spinal cord infection.

I have been informed about the Final Year Project being undertaken by a group of undergraduate students from the University of Moratuwa, under the supervision of Dr. Joshua Pranjeevan Kulasingham, Senior Lecturer, University of Moratuwa, Dr. Chamira U. S. Edussooriya, Senior Lecturer, University of Moratuwa, Dr. Peshala Jayasekara, Senior Lecturer, University of Moratuwa, and Prof. Jithangi Wanigasinghe, Professor in Paediatric Neurology in the Department of Paediatrics, Faculty of Medicine, University of Colombo, the attending Paediatric Neurologist of my child.

The project aims to develop an assistive care brain-computer interface (BCI) that will allow my child to interact with and control a simple digital interface using his brain signals (EEG).

I understand that:

- The project will run for a period of approximately 10 months.
- The system is intended to provide my child with a means of engagement and interaction, and is not a medical treatment.
- The procedures are non-invasive, involving the use of EEG headsets to record brain signals.
- Reasonable care will be taken to ensure my child's safety, comfort, and privacy at all times.
- Any data collected will be kept confidential and used only for this project and possible academic publication, without revealing my child's identity.

I acknowledge that I have had the opportunity to ask questions and that I understand the nature and purpose of the project. I voluntarily give my informed consent for my child to participate in this project.

(Signature)

Name:

Date:

Acknowledgment by Attending Paediatric Neurologist

I, Prof.Jithangi Wanigasinghe, the attending Paediatric Neurologist of the above-mentioned child, have reviewed the details of this project and confirm that I have no objection to my patient's participation in this research activity.

Prof.Jithangi Wanigasinghe
(Attending Paediatric Neurologist)

(Signature)
Date