Human Participants Form 2  
Grades 4-8

Required for all research or testing involving humans (including student researcher), including the testing of an invention that might pose a health or safety risk.

NOTE: All signatures on this form (including participants) must be obtained before experiment begins. **Completed consent forms must be sent with the Fair application form or brought to the fair**

Name of Student Researcher(s) __________________________________________________________  
Title of Project ________________________________________________________________________  
School and Teacher _____________________________________________________________________

Three questions to be completed by Student Researcher (on an attached page) and shared with the Institutional Review Board (IRB) before their review of the project (see next box):

1. Describe the purpose of this study and list all procedures (including duration) in which human participants will be involved. Attach any surveys or questionnaires to be used.
2. Describe and assess any potential risks or discomfort, and potential benefits (physical, psychological, social, legal, or other) that may be reasonably expected with participation in this research.
3. Describe procedures used to minimize risk, obtain informed consent, and maintain confidentiality.

These IRB Signatures Required Prior to Start of Research Project; signatures signify approval of project. 
NOTE: If a Medical Professional (other than a parent) is not available to this student, contact the Science Fair office. 
NOTE: Any individual that is an Adult Sponsor (teacher), Qualified Scientist (mentor), or is related (biologically or legally) to the student researcher cannot serve on the IRB for this project.

Medical Professional's Printed Name ___________________________ Signature ___________________________ Date of Approval __________  
Medical Professional must be a psychologist, psychiatrist, medical or osteopathic doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse – circle the appropriate description – and cannot be parent or guardian of the student.

Educator's Printed Name ___________________________ Signature ___________________________ Date of Approval __________  
School Administrator's Printed Name ___________________________ Signature ___________________________ Date of Approval __________

STOP – Once the original form is completed this far, copy the completed form (with the three questions and answers copied on the back or attached) as the consent form for all potential participants (see below).

To be completed by each human participant (including the student researcher) prior to experimentation or testing of inventions (using copies of original signed, approved form):

- I am 18 years of age or older. (If not, the signature of a parent/guardian is also required below.)
- I have read and understand the conditions of this study, and I consent to participate in this research procedure. I realize I am free to withdraw my consent and to withdraw from this activity at any time.
- I consent to the use of visual images (photos, videos, etc.) involving my participation in this research.

Participant's Printed Name ___________________________ Signature ___________________________ Date Signed __________

If participant is under 18 years old, a parent/guardian signature is required.

- I have reviewed the conditions of this study (including any tests, surveys or questionnaires to be used) and allow participation in this project.

Parent/Guardian's Printed Name ___________________________ Signature ___________________________ Date Signed __________