

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 to Science Pioneers 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 Pioneers 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