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 <u>before</u> 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 <u>attached page</u>) and shared with the Institutional Review Board (IRB) before their review of the project (see next box):		
 Describe the purpose of this study and list all procedures (including duration) in which human participants will be involved. <u>Attach</u> 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.		
NOTE: If a Medical Professional (other than NOTE: Any individual that is an Adult Spons student researcher <u>cannot</u> serve on the IRE Medical Professional's Printed Name	Signature psychiatrist , medical or osteopathic doctor	act the Science Fair office.
Educator's Printed Name	Signature	Date of Approval
	Signature bleted this far, copy the completed form () as the consent form for all potential par	
To be completed by each human participant (including the student researcher) <u>prior to experimentation or</u> testing of inventions (using copies of original signed, approved form):		
	it, the signature of a parent/guardian is a	lso 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
 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