

Kern County Science Fair

Human Subjects Form Form 2a

Student's Name(s) _____ Title of Project _____

Teacher's Name _____ Name of School _____

Section 1 - To be completed by the Student:

1. Purpose of project. What are the project hypothesis and anticipated outcomes?
2. Describe your proposed experimental methods.
3. Explain why human subjects are necessary for this research.
4. Describe the anticipated risks, including physical, psychological, social, legal, and/or others.
5. Describe the procedures proposed to minimize the above risks.

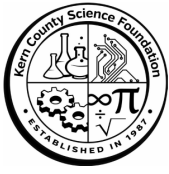
To be completed and signed by the Designated Supervisor, when applicable:

Qualified Scientist's Printed Name

Signature

Date of Review (mm/dd/yy)

Phone or email contact information



Kern County Science Fair

Human Informed Consent

Form 2b

Instructions to the Student Researcher(s): An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Designated Supervisor or Qualified Scientist. This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

Student Researcher(s): _____

Title of Project: _____

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

- Purpose of the project:
- If you participate, you will be asked to:
- Time required for participation:
- Potential risks of Study:
- Benefits:
- How confidentiality will be maintained:

If you have any questions about this study, feel free to contact:

Adult Sponsor/QS/DS _____ phone/email _____

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

Adult Informed Consent or Minor Assent

Date Reviewed & Signed _____

Research Participant Printed Name

Signature

Parental/Guardian Permission (if Applicable)

Date Reviewed & Signed _____

Parent/Guardian Printed Name

Signature