INSTRUCTIONS TO THE STUDENT RESEARCHER:
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:

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 box below.

PURPOSE OF THE PROJECT:

IF YOU PARTICIPATE, YOU WILL BE ASKED TO:

TIME REQUIRED FOR PARTICIPATION:

RISKS:

BENEFITS:

HOW CONFIDENTIALITY WILL BE MAINTAINED:

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

Adult Sponsor: ___________________________    Phone/email: ___________________________

VOLUNTARY PARTICIPATION:
Participation in this study is completely voluntary. If you decide not to participate there will not be any 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: ____________________________

Printed Name of Research Subject: _____________    Signature: ____________________________

Parental/Guardian Permission (if applicable)    Date Reviewed & Signed: ____________________________

Parent/Guardian Printed Name: _________________    Signature: ____________________________