Human Informed Consent Form

Student Researcher:

Title of Project:

I am asking for your son/daughter’s voluntary participation in my science fair project. Please read the following information about the project. If you or son / daughter would like to participate, please sign the appropriate form below.

PURPOSE OF PROJECT:

IF YOU OR YOUR SON/DAUGHTER PARTICIPATE, YOU WILL BE ASKED TO:

TIME REQUIRED TO PARTICIPATE:

POTENTIAL RISKS OF STUDY:

HOW CONFIDENTIALLY WILL BE MAINTAINED:

IF YOU HAVE ANY QUESTIONS ABOUT THIS STUDY, PLEASE CONTACT :

 Mr. Dunker – mdunker@stgregzelie.org

Adult Informed Consent or Minor Assent Date Reviewed & Signed \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name of participant) (Signature)

Parental/Guardian Permission (if applicable) Date Reviewed & Signed \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardiam printed name) (Signature)