Human Participants Form 2 (4-8)  
Grades 4-8

Required for all research involving humans (including student researcher).

NOTE: All signatures on this form (including participants) must be obtained before experiment begins.  
**All completed consent forms must be included with the Fair application form that is sent to Science Pioneers.**

Name of Student Researcher(s) ____________________________________________________________

Title of Project __________________________________________________________________________

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, 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.

All 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 research 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 
(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.)
- 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

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