

San Francisco Bay Area Science Fair Scientific Review Committee

INFORMED CONSENT FORM

This form is required for student science fair projects involving human participants (See SFBASF SRC Rules). The student researcher should keep these forms unless they are requested by the SRC. Do not return these forms to the SFBASF.

TO BE COMPLETED BY STUDENT RESEARCHER:

Complete this section *before* making copies for your participants. Your subjects may *not* sign a blank consent form.

Student researcher's name: _____

Supervisor's name: _____ School/Agency: _____

Contact phone #: _____ email: _____

Title of project: _____

1. What will the research participants be doing in this research project?
2. Are there any anticipated risks or discomfort, either physical, psychological, social, or legal that the participants might expect from participating in this project? (See examples in point #2 in the SFBASF SRC Rules for Participant Research)
3. Are there any anticipated benefits, either physical, psychological, social, or legal that the participant might expect from participating in this project? (See examples in point #2 in the SFBASF SRC Rules for Participant Research)
4. How will you minimize the risks identified in question #2?
5. Are there any benefits (monetary, prizes) for the participants?
6. Will the results remain anonymous? If not, are participants aware of this?
7. If this is a survey project, has your supervisor reviewed your survey questions with you?

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TO BE COMPLETED BY PARTICIPANT *PRIOR* TO EXPERIMENT

I have read and have understood the experiment. I consent to participate in the research project indicated below.

I understand that I may refuse to participate in this study or in any part of this study. I may withdraw at any time, without any prejudice to my relations with SFBASF and any other participating organizations.

Student researcher: _____ Contact #: _____

Any questions about my participation in this study will be answer by the student researcher at the contact number above. Complaints about the procedure may be presented to SFBASF Science Review Committee at 510-215-2251 or sfbasf@gmail.com.

**If participant is under age 18, a parent/guardian signature is required. Participants over 18 must sign before participating.*

DATE

SUBJECT'S SIGNATURE

PRINT SUBJECT'S NAME

DATE

*PARENT/GUARDIAN SIGNATURE

*PRINT PARENT/GUARDIAN NAME

DATE

RESEARCHER SIGNATURE

PRINT RESEARCHER NAME