

## Informed Consent Form (Form 7)

Recommended for all projects involving Human Subjects, Required for all involving risk.

Use a separate form for each test subject.

Student Researcher's Name \_\_\_\_\_ Grade \_\_\_\_\_

School, City \_\_\_\_\_

Title of Project \_\_\_\_\_

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### Section 1: To be completed by Student Researcher

- 1) What are the research procedures in which the subject will be involved?
  
- 2) What are the possible discomforts or risks that may reasonably be expected by participating in this research?
  
- 3) What procedures will be used to minimize risks?

**Attention: This project has been reviewed and approved by an Institutional Review Board.**

\_\_\_\_\_  
Institutional Review Board Chair Printed Name      Signature      Phone

\_\_\_\_\_  
Adult Sponsor's Printed Name      Signature      Phone

\_\_\_\_\_  
Qualified Scientist's Printed Name      Signature      Date Signed  
(Required if risk designated by the IRB)

\_\_\_\_\_  
Title      Institution      Phone

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### Section 2: To be completed by human subject prior to experimentation

- I have read and understand the conditions stated above, 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 use of visual images (e.g., photographs, videographs) involving my participation in this research project (optional).

\_\_\_\_\_  
Participant's Printed Name      Signature      Date Signed

If participant is under 18 years old, a parent/guardian signature may be required. If the subject of this experiment or parent/guardian has any questions about this experiment, the Adult Sponsor should be contacted.

I have received and reviewed a copy of any test, survey or questionnaire used in the research.  Yes       No

\_\_\_\_\_  
Parent's/Guardian's Printed Name      Signature      Date Signed