

**Castle South Middle School
Science Fair
INFORMED CONSENT FORM**

You are invited to take part in a research study. Before you decide to be a part of this study, you need to understand the risks and benefits. This consent form provides information about the research. If you agree to participate in this research, you will be asked to sign this consent form before taking part. This process is known as *Informed Consent*.

1. Student Researcher:	2. Student Researcher:
-------------------------------	-------------------------------

3. Student Researcher:	4. Student Researcher:
-------------------------------	-------------------------------

Project Title:

Science Fair Coordinator (or Adult Supervisor)	
Name: Katie Meyer	Phone: (812) 490-7930

Project Description:

Your benefits from participating:
--

Your risks from participating:

Your time commitment:

The confidentiality of your data:
The results of this research will be given with all information about individual participants removed. No personal information will be stored on a computer.

Withdrawal:
Your participation is voluntary, and you have the right to withdraw at any time for any reason.

Review:
This project has been reviewed by my Science teacher and has received permission to proceed.

Feedback:
The results of this research will be provided to you in the public presentation of the Science Fair Project.

By signing below, you are agreeing to participate in this study.
Name _____ (please print)
Signature _____ Date _____
<i>If this participant is under the age of 18, permission of a parent or guardian is also required:</i>
I give permission for the person named above to participate in this study.
Name _____ (please print) Phone _____
Signature _____ Date _____