



Human Subject Permission Form

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|---|-------------|
| Student/s name/s: _____ _____ _____ | |
| School: _____ | Year: _____ |

I am asking for your voluntary participation in my/our science project. Please read the following information about the project. If you would like to participate, please sign in the appropriate box on the next page.

Purpose of the project:

If you participate, you will be asked to:

Time required for participation:

Potential Risks of Study:

Benefits:

How confidentiality will be maintained:

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent to participate.

