

Regional Human Subject Junior Division Form

*Form required **only** if research involves human subject*

You may answer a question with “see research plan” if the answer is detailed in your plan

1. Who will be participating? (list general groups such as family, friends; **NOT** individual names)

2. What are the participants asked to do? (be specific such as length of time required)

3. **IMPORTANT NOTE ABOUT CONSENT FORMS:**
 - If you are using humans, you must share your research plan with the parents of the test subjects under 18 years old and have them give you written permission to use their child in your research. A blank consent form is on the next page.
 - Because the reviewer may want changes made to your research plan, wait until you receive approval before you have your subjects/parents sign the consent forms.

4. Who will supervise the experiment to insure safety for participants?

5. If your project involves any of the following, note the recommendations for your research plan.
 - Music, videos, movies, etc?
List titles

 - Foods or beverages?
List specific foods

 - Exercise?
Describe activity in detail

 - Survey or questionnaire?
Include the survey or list of questions and how you will protect the privacy of participants.

6. Are there possible risks involved? **If yes,** how will you prevent injury?

For office use only

IRB Signature _____ Date _____ SRC Post _____ Date _____

Regional Consent Form for Human Subject Research

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Name of Student Researcher _____

Project Title _____

The researcher must inform potential subjects about the purpose of their study and what they will be asked to do. They must be informed that their participation is voluntary and they may withdraw at any time.

To be completed by Subject before they participate:

I have been informed of the purpose of this study and what I will be asked to do. I understand the conditions and risks involved. I realize I am free to withdraw from this study without negative consequence.

Name of Participant _____

Signature of Participant _____ Date _____

If participant is under age 18, to be completed prior to participation by Parent/Guardian.

I have been informed of the purpose of this study and what my child will be asked to do. I understand the conditions and risks involved. I have reviewed what will be used in this study such as a survey or questionnaire, list of food products, or audio/visual items (if applicable). I give my consent to allow my minor child to participate.

Name of Parent/Guardian _____

Signature _____ Date _____