

APPROVAL FORM FOR STUDENTS

FORM 3 – REQUIRED for EACH STUDENT including ALL team members

To be completed by the Parent, Adult Sponsor, and local/school science fair director in collaboration with the student researcher(s):

1. To Be Completed by Student and Parent:

a. Student Acknowledgment:

- I understand the risks and possible dangers to me of the proposed research plan.
- I understand the Georgia College K-5 State Science Fair Rules and Guidelines and will adhere to all rules when conducting this research.
- I understand and will abide by the following Ethics statement

Scientific fraud and misconduct are not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs.

Student's Printed Name _____

Signature _____

Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

b. Parent/Guardian Approval:

- I have read and understand the risks and possible dangers involved in the Research Plan/Project Summary.
- I have read and understand the Georgia College waiver of liability, Photo and Media Release, Code of Conduct, and Participation Forms.
- I consent to my child participating in this research and competing at the Georgia College K-5 State Science Fair.

Parent/Guardian's Printed Name _____

Signature _____

Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

2. To Be Completed by Adult Sponsor and local/school science fair director:

*Required ONLY for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).

The SRC/IRB of the local/school science fair has carefully studied this project's **Research Plan/ Project Summary** and all the required forms are included. My signature indicates approval of the **Research Plan/Project Summary** *BEFORE the student begins experimentation.*

Adult Sponsor Printed Name _____

Signature _____

Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

Local Science Fair Director Printed Name _____

Signature _____

Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

For Office Use Only:

Received _____