

FORMS

TEACHER-SUPERVISOR CERTIFICATION. Must be signed by an administrator, school staff, or faculty member who is familiar with the KCEA Science Fair rules. Applicable for all projects.

RESEARCH INSTITUTION OR INDUSTRIAL SETTING. Must be completed and signed by the adult supervising the students' research at a research or experiment location that is other than the home, school, or in an open outdoor area. This includes (but is not limited to) the following possible areas: a hospital, industrial facility or laboratory, or chemical laboratory.

QUALIFIED SCIENTIST. Must be completed and signed before the start of experimentation by the adult supervising the students' research if it involves human subjects, vertebrate animals, potentially hazardous biological material, or other substances. The Qualified Scientist must have at least working knowledge of the students' research plan and ensure the students are properly trained in the needed procedures. If research is conducted on school property, a qualified scientist may include a member of the school staff or faculty who has received training in the field and/or in the appropriate procedures to conduct a legitimate experiment. If the Qualified Scientist is not directly supervising the student, another adult who has received procedural training (either by the Qualified Scientist or another trained scientist) and is familiar with the students' research plan must directly supervise the experiment.

HUMAN SUBJECTS. Must be completed and signed before the start of experimentation. If the experiment is deemed Minimal Risk, two (2) adults must agree and sign the form. The signatories can be any combination of a medical professional, a school staff member, or a school administrator. If the experiment is deemed More Than Minimal Risk, three (3) adults must agree and sign the form. If the human subjects are under eighteen (18) years of age, both the subject and his/her parent/guardian must give consent regardless of risk level. The master copy, with the project description and risk assessment signatures already completed, may be photocopied for easier distribution and completion by the subjects and parents/guardians (as applicable). Each student involved in a group project must have his/her own signed copy of this form.

BIOLOGICAL ITEMS AND TISSUES. Must be completed and signed by the students and by the Qualified Scientist or Supervisor. The students must only complete Part 1 of the form, with the Qualified Scientist or Supervisor completing Part 2. If the project involves humans, animals, DNA, or tissue, the Qualified Scientist should be a psychologist, medical doctor, or nurse to verify proper ethical practices. For questions involving handling biologically hazardous materials,

SCIENCE FAIR TEACHER-SUPERVISOR CERTIFICATION

THIS FORM MUST BE COMPLETED FOR ALL RESEARCH PROJECTS

Student Name(s) (Type or Print) _____
Age Group 7-9 10-12 (Circle) **Category:** (Please check) Biological Science Physical Science

I have approved the student(s) named above to participate in the KCEA Festival Science Fair. To the best of my knowledge the student(s) are in compliance with the KCEA Science Fair Rulebook and any applicable local, state, and/or federal laws.

Signature _____ Date _____
(Teacher – Supervisor)

TYPE OR PRINT THE SECTION BELOW

Name _____
(Teacher – Supervisor)

Position _____

School _____

City _____ Office Phone (_____) _____

SCIENCE FAIR

RESEARCH INSTITUTION OR INDUSTRIAL SETTING FORM

**THIS FORM MUST BE COMPLETED AFTER EXPERIMENTATION
BY THE ADULT SUPERVISING THE STUDENT RESEARCH CONDUCTED AT ANY WORK SITE
OTHER THAN HOME, SCHOOL, OR AN OUTDOOR AREA**

Student Name(s) (Type or Print) _____

Age Group 7-9 10-12 (Circle) **Category:** (Please check) Biological Science Physical Science

THIS SECTION TO BE COMPLETED BY THE ADULT SUPERVISING THE OFF-SITE WORK

The student conducted research at my work site:

- 1) to use the equipment 2) to perform experimentation or conduct research

List and describe what specific procedures or equipment the student(s) actually used. Do **not** list any where the student(s) **only** observed.

Please describe how independently the student(s) worked.

_____ Supervising Adult's Printed Name	_____ Signature	_____ Title
_____ Institution	_____ Date Signed	
_____ Address	_____ Phone/Email	

SCIENCE FAIR

QUALIFIED SCIENTIST FORM

THIS FORM MUST BE COMPLETED BEFORE EXPERIMENTATION BY THE ADULT SUPERVISING THE STUDENT RESEARCH INVOLVING HUMAN SUBJECTS, VERTEBRATE ANIMALS, POTENTIALLY HAZARDOUS BIOLOGICAL MATERIAL, OR OTHER SUBSTANCES

Student Name(s) (Type or Print) _____
Age Group 7-9 10-12 (Circle) _____ **Category:** (Please check) Biological Science Physical Science

THIS SECTION TO BE COMPLETED BY THE QUALIFIED SCIENTIST

Name (Printed) _____ Degree(s) _____

Educational Background _____

Experience/Training Related to the Student(s) Research _____

Position _____ Institution _____

Address _____ Phone/Email _____

1) Will any of the following be used?

- a) Human Subjects Yes No
b) Vertebrate Animals Yes No
c) Potentially Hazardous Biological (including microorganisms, rDNA, tissues, and blood) or DEA-classed substances Yes No

2) Will you directly supervise the student(s)? Yes No

a) If no, who will? _____

b) Experience/Training of the supervisor? _____

To be completed by the Qualified Scientist	To be completed by a Supervisor when the Qualified Scientist cannot directly supervise
<p>I have a working knowledge of the student's research plan (or similar). If the student(s) and/or supervisor is not trained in appropriate procedures, I will ensure their training. I understand another supervisor is required when I am not present.</p> <p>Signature _____ Date _____</p>	<p>I have a working knowledge of the student's research plan (or similar), have been trained in the techniques to be used, and will provide direct supervision.</p> <p>Supervisor's Printed Name _____ Signature _____ Phone/Email _____ Date _____</p>

SCIENCE FAIR HUMAN SUBJECTS FORM

THIS FORM MUST BE COMPLETED BEFORE EXPERIMENTATION BY EACH STUDENT, THE QUALIFIED SPECIALIST (MEDICAL PROFESSIONAL), A SCHOOL STAFF MEMBER WORKING WITH SCIENCE FAIR ENTRIES, AND EACH HUMAN SUBJECT AND HIS/HER PARENT/GUARDIAN (IF UNDER 18)

Student Name(s) (Type or Print) _____

Age Group 7-9 10-12 (Circle) **Category:** (Please check) ___ Biological Science ___ Physical Science

1) Describe the purpose of the research. List all procedures in which the subject will be involved and include the length of time the subjects will be involved in the project.

2) Describe and assess any potential risks and benefits (e.g., physical, psychological, social, etc.) that the subject may expect to encounter by being a participant.

This section **MUST** be completed **BEFORE** experimentation begins
(Determination of risk, including spiritual, physical, and psychological risks – ONE BOX MUST BE CHECKED)

No Risk. Minimal Risk. More than Minimal Risk.

2 signatures are required. If involving More Than Minimal Risk, 3 signatures are required.
Refer to pages 2 and 15-16 of the handbook for a description of required signators by project content.

1) **Medical Professional** (Circle One) (Psychologist Psychiatrist M.D. R.N. Physician's Assistant Licensed Social Worker)

Printed Name with Title	Signature	Date
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2) **School Staff/Faculty Member** (e.g., science teacher, history teacher, etc.)

Printed Name with Title	Signature	Date
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3) **School Administrator**

Printed Name	Signature	Date
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Human Subject Must Complete	Parent/Guardian Must Complete
Printed Name	Printed Name
<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> I have read and understand the conditions and risks above and consent to voluntarily participate.</p> <p><input type="checkbox"/> <input type="checkbox"/> I realize I am free to remove consent and withdraw from this study at any time.</p> <p><input type="checkbox"/> <input type="checkbox"/> I consent to the use of visual images involving my participation in this research.</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> I have read and understand the conditions and risks above and consent to my child's participation.</p> <p><input type="checkbox"/> <input type="checkbox"/> I have reviewed a copy of any survey or questionnaire used in the research.</p> <p><input type="checkbox"/> <input type="checkbox"/> I consent to the use of visual images involving my child in this research.</p>
Signature	Signature
Date	Date

SCIENCE FAIR

BIOLOGICAL ITEMS AND TISSUES FORM

Part 1

THIS FORM MUST BE COMPLETED IF RESEARCH INVOLVES TISSUE, ORGANS, HUMAN OR ANIMAL PARTS, BLOOD OR BODY FLUIDS, rDNA, CELL CULTURES, OR MICROORGANISMS

Student Name(s) (Type or Print) _____
Age Group 7-9 10-12 (Circle) **Category:** (Please check) Biological Science Physical Science

THIS SECTION TO BE COMPLETED BY THE STUDENT(S)

1) Identify the hazardous agents, tissues, organs, cultures, or parts to be used.

2) Where will the above items be obtained and safely disposed of? Identify each separately.

3) If the items were obtained from a source within a research institution, provide information about the institution (name, location, contact information) and the nature of the source.

4) Describe the procedures to be used to minimize risk.

BIOLOGICAL ITEMS AND TISSUES FORM

Part 2

THIS SECTION TO BE COMPLETED BY THE QUALIFIED SCIENTIST OR SUPERVISOR

1) What training will the student(s) receive for this project?

2) Do you agree with the biosafety information and procedures provided by the student(s) in Part 1? If no, explain.

Yes No Explain:

Printed Name

Signature

Date

Experience/Training of Supervisor as it relates to the area of research, if applicable.

I verify that the student(s) will work solely with biological items or tissues that will be supplied by myself or qualified laboratory personnel.

AND/OR

I certify that the biological items or tissues will be handled in accordance with the guidelines of the Occupational Safety and Health Act.

Printed Name

Signature

Date (Prior to Experiment)

Title

Institution

Phone/Email