

**APPROVAL FORM**

*It must be signed before the start of experimentation.*

**Part 1: Approvals**

**STUDENT APPROVAL**

I have read the rules and regulations of the Lowcountry Regional Science and Engineering Fair and agree to abide by them.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

**PRINT** Student Name

\_\_\_\_\_

Date

**PARENT/ GUARDIAN APPROVAL**

I have read and understand the risks and possible dangers involved in the Research Plan. I consent to my child participating in this research. I will assume responsibility for the safety of my child during the research.

I understand photographs may be taken during the competition and awards ceremony for publicity purposes (such as brochures, booklets, etc.), but students are never identified in the pictures used.

*Please check one of the following statements.*

- I permit the Lowcountry Science Fair to use the photographs of my child for publicity purposes.
- I do *not* permit the Lowcountry Science Fair to use the photographs of my child for publicity purposes.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

**PRINT** Parent/Guardian Name

\_\_\_\_\_

Date

**TEACHER APPROVAL**

I have read and understand the Research Plan and approved it for participation in the Lowcountry Regional Science and Engineering Fair.

\_\_\_\_\_

Teacher Signature

\_\_\_\_\_

**PRINT** Teacher Name

\_\_\_\_\_

Date

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**Part 2:** For projects involving **HUMAN SURVEYS**, participants must gain permission. A copy of the permission statement and the question(s) asked must be submitted with the final project report.

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**Part 3:** For projects involving the following subjects, a medical doctor or person with a master's or doctorate in a scientific field must supervise the research and sign the statement below:

- **Vertebrate animals** (such as fish, birds, hamsters, etc.- not insects or worms)
- **Human Subjects** (in research other than a survey)
- **Controlled Substances** (including tobacco, alcohol, over-the-counter drugs like aspirin, cough syrup, etc.)
- **Pathogenic Agents** (including any bacteria or virus, as they all have the potential for pathogenicity)
- **Human/Animal Tissue** (teeth, blood, skin, etc.)

I certify that I have reviewed the Research Plan and have a working knowledge of the techniques for this research. I will supervise the research as it is being conducted.

\_\_\_\_\_  
Scientist's Signature

\_\_\_\_\_  
Date

Institution & Position \_\_\_\_\_

**RESEARCH PLAN: PLEASE TYPE!**

Only one research plan is needed for team projects.

Student(s) School :

Grade :

Project Title :

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Problem/Question/Need Identification (for science-related projects, please include your hypothesis; for engineering design projects, please include any constraints):

Procedure/Plan -i.e., what you plan to do or what you plan to build (attach a second page if needed):

Conclusions/Findings (how your project addressed the problem/question/need):

List any risks or safety considerations: