

Science & Engineering Fair Form

SEFMD Middle School

Needs to be completed, approved and signed prior to beginning of experimentation.

Project Safety Review

Projects may require additional review and supervision. Determine if any of the below apply to your project. A project may fall under multiple categories / safety reviews.

If no reviews apply – only the teacher and parent signatures are required.

Human Test Subjects (example. taste tests, play a game, prototype testing or interacting with humans)

If you are working with humans of ANY age, you need PRE-approval from a **Science Teacher AND a Psychologist, Medical Doctor or Registered Nurse** to make sure your research is safe. During the review, if it is determined that there is more than minimal risk to the human subjects involved in the project, the student must receive written consent from each of the participants and **written parental consent for students under 18 years old.**

Required Signatures: Science Teacher AND a Psychologist, Medical Doctor or Registered Nurse.

A copy of the surveys or test you intend to use must be attached AND an example informed consent form.

☐ Check here if working with Human Subjects Type: ☐ Survey ☐ Task Measurement ☐ Prototype Testing ☐ Observation

Non-Human Vertebrate Animals (example: fish, rabbits, dogs, cats, etc)

Experiments involving laboratory animals (rats, mice, hamsters, gerbils, rabbits, etc) cannot be conducted in a student's home except for behavior studies on pets. Proper animal care must be provided daily, including weekends, holidays and vacations. Experimental procedures that cause unnecessary pain or discomfort are prohibited. Experiments designed to kill vertebrate animals are not permitted. Experiments with a death rate of 30% or higher are not permitted. Behavioral studies or supplemental nutritional studies involving pets or livestock may be done at home.

Required Signatures: Science Teacher AND a Veterinarian or other Biomedical/Biological Scientist

☐ Check here if working with animals Animal in experiment (write it in): _____

Controlled Substances (example: Over the counter or prescription drugs, tobacco, and alcohol)

Students must adhere to all federal, state and local laws when acquiring and handling controlled substances. Only under the direction of a qualified scientist or designated supervisor may a student use federally controlled or experimental substances for experimentation. Students under 21 may not handle or purchase smokeless powder or black powder for science projects.

Required Signatures: Science Teacher AND a Biomedical/Biological Scientist

☐ Check here if working with controlled substances Controlled Substance (write it in): _____

Hazardous Substances or Devices (Chemicals, firearms, welders, lasers, radioactive substances, radiation)

Students must adhere to federal and state regulations governing hazardous substances or devices. **An adult must directly supervise experiments.** Students working with hazardous substances or devices must follow proper safety procedures for each chemical or device used in the research.

Required Signatures: Science Teacher AND a Biomedical/Biological Scientist

☐ Check here if working with hazardous substance or device Hazard (write it in): _____

Potentially Hazardous Biological Agents

(example: Bacteria, Mold, Fungi, Viruses, Parasites, rDNA, Human or Animal fresh tissues, blood or body fluids, etc)

All **Biosafety Level 1 and 2 projects can be performed in a school laboratory. BACTERIA MAY NOT BE GROWN AT HOME.** Standard microbiological practices must be used and all hazardous agents must be properly disposed of at the end of experimentation. The experiment must be supervised by a qualified scientist or a trained supervisor.

Required Signatures: Science Teacher AND a Biomedical/Biological Scientist

☐ Check here if working with animals PHBA (write it in): _____

Research Location Check all that apply

☐ Home ☐ School ☐ University ☐ Lab ☐ Public Facility (Park, Library, etc) ☐ Other

Location 1: _____ Location 2: _____

Student and Project Information

Team Project Yes ☐ No ☐

Number of Participants 1 ☐ 2 ☐ 3 ☐

Student 1 Grade 6 ☐ 7 ☐ 8 ☐

First Name: _____

Last Name: _____

Student 2 Grade 6 ☐ 7 ☐ 8 ☐

First Name: _____

Last Name: _____

Student 3 Grade 6 ☐ 7 ☐ 8 ☐

First Name: _____

Last Name: _____

Title of Project: _____ **Project ID:** _____

School: _____

Teacher Name: _____

Student Signatures

I certify the following:

- ☐ My project complies with all rules of the SEFMD.
- ☐ I have completed and attached a project plan.

Student

Date

If a team project, each additional team member

Student

Date

Student

Date

Parent / Guardian Signatures

I have read and understand the risks and possible dangers involved in the project plan and I consent to my child participating.

Parent / Guardian

☐ *Image Consent

Date

If a team project, each additional team member

Parent / Guardian

☐ *Image Consent

Date

Parent / Guardian

☐ *Image Consent

Date

**Image Consent: I consent to my child's image being used by the SEFMD and SEFMD partner organizations.*

Completed by Approving Educator

I have reviewed and approved this student's project plan prior to experimentation and certify that it will comply with all rules of the Science & Engineering Fair of Metro Detroit.

- ☐ Approved

Educator Signature

Date

Additional Safety Approval ☐ Required

Name: _____

Position: _____

Email: _____

Signature

Date