

## 2015 ETHICS AND DUE CARE FORM

Form 2A

## **CALGARY YOUTH SCIENCE FAIR**

Exhibitor's Name(s)			Exhibitor 1							Exhibitor 2		
Exhibitor's Email(s)												
Phone Number(s)												
School												
School Phone Number												
Coordinator's Name								Coordinator's Email				
Exhibit Title												
Grade Level			Where will experiments take place?									
Human pa	articipant	s?	YES	NO	(circle one)	Animal experim	nent?	YES	NO	(circle one	:)	Animal species:
_		-		-	-				_			al determination of risk will be made by CYSF.  .ow" or "Significant" Risk, then circle one box below
Low Risk  1. Please send this form 2. Please send copy of your survey for 3. Please send copy of your Informed (if applicable).							Significant Risk		Please send this form     Please send Significant Risk Form 2B     Please send copy of your survey form (if applicable)     Please send copy of Informed Consent Form 2C     Please send copy of your Letter of Information.			
Purpose of your experime			nt									
Brief description of your experiment												
						above is cor ects and anii						rledge the above project complies iety.
Signature of Coordinator						Sig	Signature of Scientific Supervisor (if applicable)					
Signature of Exhibitor 1						Sig	Signature of Exhibitor 2					
Signature of Parent of Exhibitor 1						Sig	Signature of Parent of Exhibitor 2					

Please make sure you have all required signatures before sending this form!