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**ZONGULDAK BÜLENT ECEVİT UNIVERSITY**  
**NON-INTERVENTIONAL CLINICAL RESEARCH ETHICS COMMITTEE**  
**MINIMUM INFORMED CONSENT FORM**  
*(For Patient / Patient Relative)*

**Dear Participant,**

You are invited to participate in the study conducted at the **Hacettepe University İhsan Doğramacı Children's Hospital Pediatric Emergency Department**, titled:  
**“Evaluation of the Effectiveness of a Learning Theory-Based Educational Program for Parents of Children Receiving Inhaler Therapy: A Pediatric Emergency Department Example.”**

Before deciding whether to participate in this study, it is important that you understand the purpose of the research, how it will be conducted, and the potential benefits, risks, or discomforts to volunteer participants. Therefore, please take the time to carefully read the following information. You may also discuss this information with your family, relatives, and/or your physician if you wish.

If there is anything you do not understand or would like more information about, please feel free to ask us. If you agree to participate, a copy of this form, completed and signed by you, your physician, and a witness from the institution, will be provided to you for your records.

Participation in this study is **entirely voluntary**. You have the right not to participate or to withdraw from the study at any time without any penalty or loss of benefits to which you are otherwise entitled, including medical treatment and clinical follow-up. Additionally, the principal investigator may remove you from the study if deemed necessary.

If new information arises that may affect your willingness to continue participating, you or your legal representative will be informed in a timely manner.

The study investigators, Ethics Committee members, the Ministry of Health, and other relevant health authorities will have direct access to your medical records related to this research. However, your **identity will remain strictly confidential**, and the information obtained from this study will be used solely for research purposes.

**Principal Investigator**  
(Name – Surname – Title – Signature)

