



REPUBLIC OF TÜRKİYE
NECMETTİN ERBAKAN UNIVERSITY
HEALTH SCIENCES SCIENTIFIC RESEARCH ETHICS COMMITTEE VOLUNTEER
PARENT/GUARDIAN INFORMED CONSENT FORM FOR PARTICIPATION IN RESEARCH

..... We would like to invite your child/relative, for whom you are a parent/guardian, to participate in the study titled "Effects of Family-Based Health Behavior Development Programs (FHEBIP) on Obesity Risk Factors and Body Mass Index in Obese and Overweight Primary School Children: A Randomized Controlled Trial" conducted by Necmettin Erbakan University's Faculty of Nursing. Below you will find some information about this study. This information has been prepared to facilitate your child/relative's participation in the study and to clearly understand the importance of the topic.

The aim is to determine the effects of your child's/relative's FHEBIP on obesity risk factors and BMI in overweight and obese primary school children using non-invasive methods and a survey. There will be no fee for the procedure or follow-up, and you will be informed of the results. The study's director is Assoc. Prof. Dr. Dilek DAYANIR, and the co-investigators are Specialist Nurse Büşra ZENGİN. You can reach our research team at 05511066477.

Methods such as codes and/or security numbers will be used to protect the privacy of children/individuals participating in our research for whom you are a parent/guardian. You may withdraw from contributing to the study at any time; this will not affect your ability to benefit from the services you receive. However, our researcher's time and effort will be wasted.

The principal investigator/principal investigator, Büşra ZENGİN, informed me that a medical study would be conducted at the Department of Public Health Nursing, Faculty of Nursing, Necmettin Erbakan University, and provided me with the above information regarding this study. Following this information, I was invited to participate as a "participant" (subject). If I participate in this research, I believe that the confidentiality of my information, which must remain between me and the researcher, will be treated with the utmost care and respect during this research. I have been given sufficient confidence that my personal information will be meticulously protected during the use of the research results for educational and scientific purposes. I may withdraw from the research without giving any reason during the project's implementation. (However, I am aware that it would be appropriate to notify the researchers in advance of my withdrawal to avoid causing them any inconvenience.) I may also be excluded from the research by the researcher, provided that my medical condition is not compromised. I assume no financial responsibility for any research expenses. I will not be reimbursed. I was given the necessary assurance that any medical intervention would be provided in the event of any health problem arising from the research application, whether directly or indirectly. (I will not be financially burdened with these medical interventions either.)

If I encounter a health problem during the research, I know that I can call the principal investigator, Dilek DAYANIR, at Necmettin Erbakan University, Faculty of Nursing (phone 03322210500).

I am not obligated to participate in this research and may choose not to participate. I have not been subjected to any coercive behavior to force me to participate. I also understand that if I decline to participate, this will not compromise my medical care or my relationship with healthcare professionals.

I have fully understood all the explanations given to me. After some personal reflection, I have decided to participate as a "participant" (subject) in this research project. I accept this invitation with great pleasure and willingness.

A copy of this signed form will be given to me.



REPUBLIC OF TÜRKİYE
NECMETTİN ERBAKAN UNIVERSITY
HEALTH SCIENCES SCIENTIFIC RESEARCH ETHICS COMMITTEE VOLUNTEER
PARENT/GUARDIAN INFORMED CONSENT FORM FOR PARTICIPATION IN RESEARCH

VOLUNTARY CONSENT FORM

I have read the text above outlining the information that must be provided to volunteers before participating in the study. I have been given both written and verbal explanations regarding this information. Under these conditions, I agree to participate in this research voluntarily and without any pressure or coercion.

	Date of Consent	Signature
Name and Surname of the Individual for whom you are the Parent/Guardian: Volunteer Name and Surname: Phone: Address:		
Researcher Making the Statements Name and Surname: Büşra ZENGİN Phone:05511066477		
The Organization Official Who Witnesses the Consent Process from Beginning to End Name and Surname : Duty: Phone: Address:		