



Form 3

Parent's / Legal Guardian's Informed Consent for the participation of a minor/ward in a study*

We, the undersigned:

The parents/legal guardian of a minor/ward* (Henceforth: the Patient):

Father's Name:	ID Card No.:
Mother's Name:	ID Card No.:
Legal Guardian's Name	ID Card No.:

Patient's Name:	ID. Card No.	Date of Birth
Address		

- a) We hereby declare our consent that the patient participates in the study, as specified in this document.
- b) We declare that we were given explanations by:

Explainer's Name:

Who explained to us that:

- (1) An approval for carrying out the study was given by the appropriate bodies.
- (2) The study was carried out by the University of Haifa on behalf of the Ministry of Health on the subject of assessment of yields and results of rehabilitation services in the community. The study is based, among other things, both on the filling-in of a questionnaire every year for a time period of 5 years and on the processing of the information received via the forms.
- (3) In order to contact the patient for the purpose of filling-in the questionnaires and in order to carry out the study, the Ministry of Health shall transfer the data about him available at the Ministry of Health and my contact details to the University of Haifa.
- (4) The data to be collected by the University of Haifa within the framework of the study shall be inputted into the Ministry of Health's database and be at its disposal. Likewise, the data shall be anonymously at the disposal of the University of Haifa for the purpose of studies based on data of the project for the assessment of result indexes in the mental health rehabilitation array in the community, which shall be carried out even after the end of the 5 year period mentioned above.

- (5) We are free to choose that the participant will not participate in the study, and we are free to cease any time his participation in the study, without detracting from his right to get the customary treatment.
- (6) Secrecy is guaranteed to us, concerning the identity of the patient and the identity of the parents/legal guardians¹. This secrecy shall be kept by all those engaged and involved in the study and their identity shall not be published by any means of publication, including scientific publications.
- (7) We are entitled to not answer either all or some of the questionnaire question.

* Erase the unnecessary

¹ **The information of section can be specified in a separate information paper that shall be attached to this form**

- c) We declare that we were provided with detailed information about the study, especially about the details specified in the information paper attached to this form.
- d) I/we hereby declare that my/our above consent was given out of our free will and that I/we understood what's been said above. Moreover, I/we received a copy of the informed consent form, including the date, and lawfully signed, and also a copy of the information paper attached therein.

Father's/Mother's Signature	Father's/Mother's Signature	Legal Guardian's Signature	Date

Patient's Signature	Date

Explainer's declaration:

The above consent was received by me, after I had explained to the study participant's parents/legal guardians* all the aforesaid information, and I made sure that all my explanations were understood by them.

Explainer's Name	His/Her Signature	Date

* Erase the unnecessary