

Immunotherapy Consent Form – Minors

Date: _____

_____, has my permission to receive allergy injection(s) without me being present. I am the parent/guardian of the above named child. I understand that my child will need to remain in the office for 30 minutes after allergy injections.

In case of allergic reaction to immunotherapy, I give my permission for necessary medical treatment to be administered and, if warranted, transportation to the nearest hospital to be arranged with emergency services.

Parent/Guardian

Witness