

IMMUNOTHERAPY ADMINISTRATION TO A MINOR CONSENT

I give permission for my son/daughter _____, to receive allergy injections in my absence. I authorize Dr. Kemp, Dr Goodman, Dr Park, Dr. Berson, and qualified staff members under their discretion to perform any diagnostic testing and administer any medications that may be necessary to evaluate and treat a reaction to the allergy injection. Medications may include antihistamines, epinephrine, and prednisone. Inhaled bronchodilators such as albuterol or Xopenex may also be administered. I authorize the use of resuscitative measures, and transport by emergency personnel to the nearest hospital.

Name (print) _____

Name (print) _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Signature: _____