



MINOR CONSENT FORM

As the parent/legal guardian of _____, I have been advised of the importance of waiting in the clinic for 30 minutes with the minor child (under 18 years of age) after receiving their allergy injections. I understand that this is due to the possibility of a systemic reaction following the allergy injections (sudden nasal congestion, itchiness of eyes, hives, wheezing or tightness in chest, and/or swelling of the throat affecting the airway) which would require emergency medical treatment.

I authorize the nursing/medical staff of Midwest Allergy & Asthma to administer any emergency care deemed necessary for my child's health in the event such a reaction should occur in my absence.

SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____