

This consent form should be signed by the patient or their parent/guardian prior to the patient commencing allergen immunotherapy (AIT) to aeroallergens or venoms.

I have read the ASCIA AIT FAQ (frequently asked questions and answers) document and understand that:

- AIT is a long-term treatment option to reduce allergy severity and reduce the need for medication.
- The duration of AIT is three to five years.
- Antihistamine and intranasal steroid medications can be used whilst undergoing AIT.
- Side effects from AIT can occur as outlined in the ASCIA AIT FAQ document.
- After each AIT injection I need to wait in the medical practice for at least 30 minutes, or 45 minutes for insect venom immunotherapy.
- Review appointments are an essential part of management, and my clinical immunology/allergy specialist may require visits every 6 to 12 months.
- It takes four to six weeks to receive the allergen extracts, so enough time needs to be given to the medical practice to order the allergens for myself or my child.

I have been given the opportunity to ask questions and I am satisfied that they have been fully answered.

I understand the risks involved with AIT and agree to abide by, and follow the medical directions given to me.

I hereby give consent for AIT to be given over an extended period of time, at specified intervals as prescribed by my doctor.

Injection AIT **OR** Sublingual AIT

Patient name _____ Signature _____

I _____ verify that I am the parent and/or legal guardian of
_____ (patient) and have the legal authority to sign this consent form.

Parent/Guardian name _____ Signature _____

Witness/Provider name _____ Signature _____

Date _____