

This consent form should be completed and signed by the patient, or their parent/guardian, prior to the patient commencing an antibiotic allergy challenge.

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

- Antibiotic allergy challenges are procedures where doses of the suspected antibiotic are given, starting from a small dose, in gradually increasing concentrations. I will be monitored to confirm if the antibiotic being tested causes an allergic reaction.
- Challenges are supervised by a clinical immunology/allergy specialist or other medical specialist, in a facility that has ready access to medication and equipment to treat severe allergic reactions (anaphylaxis).
- I acknowledge that I am well today, with no other symptoms.
- If the challenge is completed without an allergic reaction it is called 'negative'. This means that I no longer need to avoid the antibiotic.
- If an allergic reaction occurs, the challenge is usually called "positive", and the challenge is stopped. The allergic reaction will be treated with medication and I will need to stay under medical supervision for a few hours. I will be diagnosed as being allergic to the antibiotic, and I will need to avoid that antibiotic.

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 an antibiotic allergy challenge and agree to abide by, and follow the medical directions provided.

I hereby give consent for an antibiotic allergy challenge to proceed.

Patient name _____ Signature _____

Antibiotic being challenged _____

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 _____