

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

I have read the ASCIA AIT FAQ (frequently asked questions and answers) document [www.allergy.org.au/patients/allergy-treatments/allergen-immunotherapy-faqs](http://www.allergy.org.au/patients/allergy-treatments/allergen-immunotherapy-faqs) 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 usually 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.
- Review appointments are an essential part of management, and my clinical immunology/allergy specialist may require visits every 6 to 12 months.
- It usually takes four to six weeks to receive AIT products, so enough time needs to be given to the medical practice to order the products 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 immunotherapy and agree to abide by, and follow the medical directions given to me.

I hereby give consent for immunotherapy 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 DD / MM / YYYY