MAIN LINE ALLERGY, LLP

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TREATMENT OF A MINOR WITHOUT PARENT/GUARDIAN CONSENT FORM

This form is applicable for patients younger than 18 years of age.

Main Line Allergy, LLP must receive written permission from a child's parent or legal guardian to provide treatments for preventative care, injury, or illness that is non-life-threatening. This form provides legal written permission to treat with a designated adult present if the parent or legal guardian is not present during the appointment.

Please note that a parent or legal guardian must be present during a minor patient's first visit. The following consent forms are only applicable if this is not a minor patient's first visit.

I, _____ (parent/guardian name), consent to medical care and treatment determined by a provider at Main Line Allergy, LLP to be reasonable and appropriate for the well-being of my child, _____ (patient) in the presence of either of the following adults, who is authorized to approve treatment:

Name: _____ Relation to Minor: _____

Name: _____ Relation to Minor: _____

It has been requested that the patient listed below be allowed medical care and services at Main Line Allergy without a legal guardian present. The following has been reviewed by the patient and his/her/their family:

- The patient and his/her/their family have been made aware of the potential risks. Risks include, but are not limited to, pain or swelling at the site of the injection, infection, or a severe, life-threatening allergic reaction (anaphylaxis). The patient and his/her/their family are aware that if the patient does suffer from an adverse or allergic reaction, he/she/they will require immediate treatment.

- In the chance that an allergic reaction or unstable medical condition arises, we consent to any emergency treatment, evaluation, or medical consultation as deemed

necessary by the Main Line Allergy physician and clinical team. That treatment could include oral antihistamines, oral steroids, oral h2 blockers, injectable or intranasal epinephrine. He/she/they could require emergency treatment in the hospital in which case an ambulance would be called.

- The parent/guardian must be available by phone during the time of the visit to allow for efficient communication from our clinical team or provider if there are questions, concerns, or adverse/allergic reactions.

- The patient and his/her/their family acknowledge Main Line Allergy protocols, procedures, rules, and regulations have been reviewed and discussed by either the patient's physician, provider, or clinical team.

- The patient and his/her/their family have had the opportunity to ask questions and all questions have been answered to his/her/their satisfaction.

Any medical treatment of a minor without the presence of a parent or guardian must be discussed and approved with a Main Line Allergy Physician. permission can be altered, adjusted, or revoked at any time at the discretion of the parent/guardian or Main Line Allergy Physician or clinical team.

By signing below, I acknowledge that I have read and fully understand this consent form. I authorize Main Line Allergy and its staff to provide the specified treatments for my child in my absence, under the terms stated above.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Minor's Name: _____ DOB: _____

Provider/Witness: _____

Signature: _____ Date: _____