

Allergy Treatment Release & Waiver

Your child's provider is prescribing sublingual immunotherapy (allergy drops), a desensitization method in the treatment of allergies. The serum is comprised of antigens approved by the FDA for injection immunotherapy, but the method of sublingual administration is currently off-label.

The purpose of immunotherapy is to decrease sensitivity to allergy-causing substances so that exposure to the offending allergens (pollens, mold, dust, animal dander, etc.) will result in fewer symptoms. Allergy drops are not a substitute for avoidance of known allergens, or allergy medication, but are intended to reduce the need for other therapies. The expected benefit of treatment is the relief of common symptoms associated with allergic conditions.

It is recommended that immunotherapy be continued for a period of four years to achieve immunomodulatory effects and to put allergies into remission for a sustained period of time. Your child may be seen at the clinic approximately once every 12 weeks — depending on the program the provider feels is best — for a checkup and to pick up your next prescription. It is imperative that you follow the dosage instructions and report any increase in allergic symptoms. A possible transient side effect of the use of the serum could be a flare in minor allergic symptoms, mild nausea, or mild oral itching. This is a possibility during the building-up process. Flaring of asthma symptoms is possible, as well as the extremely rare potential risk of anaphylaxis, and precautions will be taken to prevent this from occurring. The provider will prescribe an epinephrine auto injector to utilize in the unlikely event of a severe allergic reaction.

I, _____, understand the potential benefit of treatment as well as the potential risk of side effects, and have chosen to authorize treatment with sublingual immunotherapy as prescribed by the provider. I hereby release and waive any claim, cause, or action against all distributors, brokers, sales representatives, manufacturers, providers and/or staff members involved in the prescription and delivery of sublingual immunotherapy (allergy drops) due to any side effects my child may suffer from the allergy serum, provided such reactions are not due to negligence or any other inappropriate acts of the provider or staff members. I understand that I have the right to present the prescription to a compounding pharmacy of my choosing.

Date _____ Time _____

Patient Name _____

Signature of Patient or Parent/Guardian _____

Name of Parent/Guardian _____