

This consent form should be signed by the patient or their parent/guardian prior to the patient commencing venom immunotherapy (VIT) to insect venom.

I have read the ASCIA VIT FAQ (frequently asked questions and answers) document www.allergy.org.au/patients/allergy-treatments/venom-immunotherapy-faqs and understand that:

- VIT is a long-term treatment option to reduce the risk of severe allergic reactions to insect venom.
- The duration of VIT is usually at least five years.
- Antihistamine and intranasal steroid medications can be used whilst undergoing VIT.
- Side effects from VIT can occur as outlined in the ASCIA VIT FAQ document.
- After each VIT injection I need to wait in the medical practice for at least 45 - 60 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 VIT 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 VIT (Sublingual VIT is not available)

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