ALLERGY ASTHMA
& IMMUNOLOGY ASSOCIATES, LTD

Michael E. Manning, M.D.
Diplomate American Board of Internal Medicine
Diplomate American Board of Allergy & Immunology

Aaron J. Davis, M.D.
Diplomate American Board of Internal Medicine
Diplomate American Board of Allergy & Immunology

Jean Nelson, NP
Certified Family Nurse Practitioner

Consent for Treatment of a Minor

I do hereby give permission for _____to be treated by the clinicians and staff members at Allergy, Asthma, and Immunology Associates, LTD.

In my absence, this minor may be evaluated in the clinical setting (office visit), receive allergy injections, Xolair injections, and complete testing as deemed medically appropriate. In my absence, I give permission for this child to be promptly treated for any reaction or emergency by any of the clinician's available (Dr. M. Manning, Dr. A. Davis, or Jean Nelson FNP-C).

I, the undersigned, certify that all procedures (including the risks) have been thoroughly explained to me. Additionally, I was provided the opportunity to ask questions and those questions have been addressed.

_____ _____

Signature Date

_____

Relationship to Patient

www.allergyasthmaaz.com
7514 E. Monterey Way, Suite 1 • Plaza De Los Medicos • Scottsdale, AZ 85251 • (480) 949-7377 • fax (480) 949-8339
3800 N. Central Avenue, Suite 404 • Phoenix, AZ 85012 • (602) 248-9129 • fax (602) 650-1430
10200 N. 92nd Street, Suite 130 • Scottsdale, AZ 85258 • (480) 614-8011 • fax (480) 614-8014