



Eric J. Schmitt, MD • Michael Calvin, PA-C

**Supervision of Minors Allergy Shots**

All patients under 18 years of age who are not guardians of their own medical care need to be supervised by an adult at their allergy shot appointments. In the event an allergy shot reaction occurs or medical intervention is needed for any other purpose, consent may be needed for medical services.

My signature below indicates that I agree to allow a physician and the staff at Frisco Allergy & Asthma Center to perform medical care including dispensing of medications to treat any condition that arises as a result of the clinic visit today.

**Patient Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_ I consent for the treatment(s) needed for the safety of the patient for **TODAY ONLY.**

\_\_\_ I consent for the treatment(s) needed for the safety of the patient for **ALL shot visits.**

**Responsible Party Name:** \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_

*Below for Office Use Only*

**Witness Name (print):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_