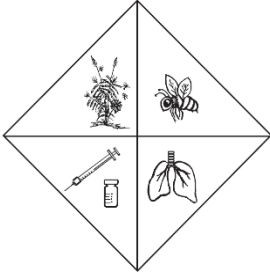


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Dr. Ahmad Y. Al-Shash, M.D.



## Allergy Institute, P.C.

**Pediatric & Adult Allergy, Asthma, & Immunology**

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### CONSENT TO TREAT A MINOR

In accordance with Iowa Code Chapter 599, it is the policy of the Allergy Institute, P.C. that a minor should not be treated without the consent of a parent or legal guardian.

I, \_\_\_\_\_, as the parent/legal guardian give permission to treat my minor child when I am not present. I understand this care/treatment may include but not limited to allergy shots, office visit, skin testing, and/or lab work.

This consent will expire on \_\_\_\_\_'s eighteenth birthday,  
(patient name)

unless I revoke this consent in writing.

**I understand that by refusing to sign or if I revoke this consent, Allergy Institute, P.C. will refuse to treat my minor child unless I am present. This is in accordance with Iowa Code Chapter 599.**

I fully understand and **accept** the terms of this consent.

\_\_\_\_\_  
Name of Patient (print)

\_\_\_\_\_  
Parent/Legal Guardian name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature