



Allergy & Asthma Specialists, P.S.C.

Lee S. Clore, Jr., MD - Board Certified Allergy/Immunology

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Release of Liability for & Authorization to Treat Patients Under the Age of 18 and Over the Age of 16 Receiving Allergy & Xolair® (Omalizumab) Injections

I _____ (parent of legal guardian), understand the Dr. Lee S. Clore, Jr., M.D. has advised me that it is in my child's best interest that he/she be accompanied by either a parent or legal guardian when he/she receives allergy or Xolair® (Omalizumab) injections. *However, I will be allowing my child to drive and/or will be sending my child for injections when he/she will NOT be accompanied by an adult.*

Therefore, I hereby authorize Dr. Lee S. Clore, Jr., M.D. and/or his staff to give my child, _____ (patient's name), allergy or Xolair® (Omalizumab) injections when he/she is not accompanied by his/her parents and/or a legal guardian. Since my child will not be accompanied by an adult, I authorize Dr. Lee S. Clore, Jr., M.D. and/or his staff to administer any medical treatment necessary in an emergency situation.

I hereby release Dr. Lee S. Clore, Jr., M.D. and/or his staff from all liability related to the emergency care and treatment of my aforementioned child.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Staff Witness Signature

Staff Witness Printed Name