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## Oral Food Challenge Consent Form

### What is an Oral Food Challenge?

An Oral Food Challenge may be indicated to confirm that a food allergy exists, or to determine if a previously diagnosed food allergy has been resolved. It involves eating a serving of the allergic food in a slow, graded fashion under medical supervision over several hours. The decision to proceed with an Oral Food Challenge is complex, and is influenced by: Medical history, age of the patient, skin prick testing, serum-specific IgE testing, and Allergist assessment(s). While the benefit of an Oral Food Challenge is the potential to liberalize your child's diet, there is always a risk of your child reacting.

For mild reactions, treatments may involve administration of antihistamines, Epinephrine & observation for one to several hours. For moderate to severe reactions, treatments may include antihistamines, Epinephrine, corticosteroids, observation for several hours, an IV insertion, admission into the in-patient ward overnight, or an Emergency department visit.

**Child's Full Name:** \_\_\_\_\_

My child has been approved for an Oral Food Challenge by his/her Allergist, Dr. \_\_\_\_\_. I give my informed consent and authorize McMaster Children's Hospital to perform an oral food challenge to the following food: \_\_\_\_\_.

The nature and purpose of an Oral Food Challenge, risks, alternatives, benefits, and preparation instructions have been explained to my satisfaction. I understand that there is always a possibility of a reaction to a particular food. I acknowledge that medications, trained health care professionals, and equipment will be immediately available to manage allergic reactions should they occur, and I authorize staff of McMaster Children's Hospital to treat my child should an allergic reaction occur.

**Full name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Patient (if not a minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions? Please contact Alvin Gutierrez (Nurse Practitioner, Pediatrics) at 905-521-2100 extension 73757**