ORAL FOOD CHALLENGE CONSENT

Date __________________________
Time __________________________

I give my consent and authorize Dr. _____________________________to perform an oral food challenge to the following food: __________________________.

What is an Oral Food Challenge?

If allergy test results and medical history do not show for certain whether or not your child has a food allergy to a specific food, we recommend that your child have an oral food challenge test.

The oral food challenge involves eating a serving of the allergic food in a slow, graded fashion under medical supervision. The food challenge procedure is the most accurate test to determine whether a food needs to be avoided or will no longer need to be avoided.

The food challenge is undertaken when your child is in generally good health and can discontinue antihistamines for a brief period (usually 3-10 days) before the test.

What will happen during the Oral Food Challenge?

During the food challenge, your child will be given very small amounts of the specific food being tested. If tolerated, increasing amounts of the challenge food will be given with close observation at each stage.

Your child will be observed for symptoms such as itching, rash, abdominal pain, or difficulty breathing. If any symptoms develop, your child will be treated immediately. In most cases, this will involve the use of Benadryl or epinephrine to prevent any allergic reactions from getting worse. In studies of food challenges, many children develop mild symptoms during a food challenge that require these treatments. Very rarely, other treatments are needed for more serious reactions.

What are the risks or discomforts of an Oral Food Challenge?

The discomforts associated with the food challenge are generally no more than those encountered when eating the food. Symptoms usually are short-lived (less than 2 hours). Symptoms may include an itchy skin rash, nausea, abdominal discomfort, vomiting, diarrhea, stuffy “runny” nose, sneezing, or wheezing.

The major risks involved include severe breathing difficulties and rarely a drop in blood pressure. While a severe outcome such as death is theoretically possible, this has not occurred from medically supervised oral food challenges. The risk of a reaction is reduced by starting the challenge with very small amounts of food, administering the food over a prolonged time period and stopping the challenge at the first sign of a reaction, and by not giving any food suspected to cause a major reaction.
Medications, personnel and equipment will be immediately available to treat allergic reactions should they occur.

**What are the alternatives to an Oral Food Challenge?**

If you choose not to have the oral food challenge, the safest thing to do is to completely restrict the food in question from your child’s diet.

The nature and purpose of the Oral Food Challenge, the risks involved and the alternatives have been explained to me and all of my questions, if any, have been answered to my satisfaction. I acknowledge that the practice of medicine is not an exact science and I acknowledge that no guarantee has been made as to the results that may be obtained.

____________________________________________________________

Patient’s Signature

Witness Signature

____________________________________________________________

Signature of Physician Obtaining Consent

Physician ID number

**If patient is a minor:**

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Signature of Parent or Guardian