



KELLY S. BRAUER, MD, FAAAAI

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 that Kelly S. Brauer, 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 Kelly S. Brauer, M.D. and/or their 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 Kelly S. Brauer, M.D. and her staff to administer any medical treatment necessary in an emergency situation and to transport him/her to an additional medical facility if necessary.

I hereby release Dr. Brauer and her staff from all liability related to the emergency care and treatment of my aforementioned child.

Signed: _____

Date: _____

Printed Name: _____

Staff Witness: _____

Printed Name: _____