**Appendix 2: Consent Form.**

**Title:** The Prevalence of Anaphylaxis in Children in Kuwait  

**Name of Researcher:** Dr. Abdaljabbar Farhan  
**Name of Supervisor:** Dr. Ahmed Hussein  
Dr. Hassan Arshad

**Aim:** This study is aiming to estimate the prevalence of anaphylaxis in children which can lead to sudden death. Therefore, this study will benefit the children living in Kuwait through formalizing a necessary recommendation in order to improve the healthcare service and protect life.

This study does not include any blood test or giving any medication.

- You have all the right to participate or refuse to participate in this study. Participation in this study is NOT MANDATORY.
- If you agree to participate, you have the right to withdraw at any time and there's no need to provide any reason for the withdrawal. Withdrawal from the study will not affect your right of having full healthcare service.
- This study will not cost the participants any fee.
- In case you agree to participate, the researcher will conduct an interview to the participant/legal guardian for about 15 minutes to gather information through a guided questionnaire of 8 questions. The questionnaire does not include any personal questions that could lead to invasion of one's privacy, thus, identification numbers will be used. You also have the right not to answer some of the questions.
- You have the right to have all your questions answered before agreeing to participate in the research. Interview conducted will be kept confidential to protect the privacy of the participants.
- There will be no harm or any expected risk from this study because it will not include doing any lab test or using any medication.
- Researchers will protect the privacy of the participants and secrecy of the information and will not share information outside this study limit.
- In case you do not agree, this will not affect your rights of having full healthcare services.

If you agree to participate in this research please complete details below:

Name of the Participant: ___________________________ Signature: ____________________

I am the legal guardian of __________________________ Age: ________________________

Relationship to the participant: ____________________