

Allergy Injection Patient Agreement

I am currently receiving allergy injections and have received my initial dose in the allergist's office. My allergist has provided the serum and orders

I may take my serum and orders home during academic year breaks. The serum must be kept refrigerated.

I must pick up my serum and orders at the end of the academic year or the serum will be discarded, unless arrangements have been made to continue the injections at UHS over the summer. I understand that UHS does not ship serum.

Allergy injections are given by appointment only. I understand that I should keep these appointments as scheduled. No injections are given on weekends or after hours.

I understand that I must remain in UHS for 30 minutes following my injection and that the site(s) must be checked by a nurse prior to leaving.

I understand that students taking certain medications such as beta blockers, MAO inhibitors or tricyclic antidepressants will not be able to receive allergy injections at UHS (ask about this if you have questions).

I will update UHS with any changes in my medications during the semester.

I understand that I should ask questions about any of this information that is not clear to me.

I acknowledge receipt of the Student Allergy Clinic handout.

Student Name: _____

Signature: _____ Date: _____

Unfortunately, UHS cannot be responsible for the compromise of the integrity of the serum prior to receiving it, nor for loss or compromise of integrity due to power outage or storage equipment failure.