

The Center for Student Health & Well-Being is pleased to assist you in receiving the allergy immunotherapy prescribed by your Physician during the academic year while you are enrolled at Davidson College. Please review the following information, initial and sign where indicated.

Student Allergy Injection Information and Consent Form

Read and Initial	All patients requesting Student Health to administer allergy injections are required to carefully read each statement and initial each box to the left.
	The Physician Request/Order for Allergy Injection Therapy form must be <u>completed annually</u> by your prescribing physician and received prior to your first appointment for allergy injections in the Student Health Center. It can be faxed to 704-894-2615 . No injections can be received in the Student Health Center without this documentation.
	Allergy injections are given by appointment only and must be made at least 24 hours in advance. Injections are administered by a nurse and will only be given when a healthcare provider (MD or NP) is present in the health center
	Patients must receive at least the first initial injection(s) of their allergy serum at the Prescribing Physician's office.
	No allergy serum vials should be mailed directly to the Student Health Center. Serum should be either picked up or mailed to the student and then brought to the health center.
	During holidays and school breaks, students must request copies of injection records and vials to take back to their Prescribing Physician. Serum cannot be mailed out by the Student Health Center at any time.
	Students are responsible for contacting their Prescribing Physician when vial(s) need to be reordered. The Health Center staff will assist by notifying you when vials are expiring or low in serum and will assist in faxing administration forms to your physician.
	There is a required 30 minute observation wait time after all injections. Students are required to check in with the nurse prior to leaving the health center. Failure to do so could result in discontinuation of service for allergy injections.
	You are responsible for informing the nurse prior to receiving allergy injections of any of the following since the last appointment/injection: <ul style="list-style-type: none"> • Delayed reactions • Asthma symptoms • Current illness or fever at the time of your appointment Students with current illness may not be able to receive allergy injections until symptoms have improved
	You understand that certain medications for eye problems, headaches and blood pressure may contain Beta-Blockers which can increase sensitivity to allergens and potentiate severe reactions. If you are prescribed a Beta-Blocker at any time, the Student Health Center cannot administer your allergy injections. It is your responsibility to inform the nurse of any changes in prescription or over the counter medications you are taking.
	You understand that you should not exercise for 2 hours after an allergy injection due to the possibility of delayed reactions.
	The Student Health Center will store your allergy vials until the end of the academic year, at which time they will be discarded. Please be sure to pick up all extracts before the end of the spring semester.
	The Student Health Center does not file insurance except for the school sponsored Student Blue plan. The current charges for injections are: \$5.00 for 1 injection/visit and \$8.00 for 2 or more injections/visit. These charges will be applied to the student's business account with the college.

I have read the above information completely and understand the risk involved with allergy immunotherapy, including the possibility of local and/or systemic reactions as well as increased allergy symptoms. I hereby consent to the administration of my physician prescribed allergy immunotherapy by a nurse at the Center for Student Health & Well-Being and under the direction of the Center providers. I agree to fully abide by the policy and procedures of the allergy injection clinic as indicated above. I understand that I will be given a copy of this signed form.

Patient Signature: _____ Student ID _____

Patient Name: _____ Date: _____

Nurse reviewing the form: _____



Copy given to student.