

ALLERGY INJECTION

PATIENT AGREEMENT

The following are instructions for all IWU students wishing to receive allergy injections at the Health Center. Please read carefully and sign this form.

1. All patients receiving allergy injections **are required to bring their own Epi-Pen** to the Health Center when receiving allergy injections. **Patients will be asked to reschedule their appointment if they do not present with an Epi-Pen.**
2. There is a cost to receive allergy injections. The Health Center will file insurance if available. You will be responsible for co-pays or any other balance due.
3. Allergy injections will **ONLY** be administered when the nurse practitioner or physician is on site.
4. Please inform the nurse if you have ever had a reaction in the past!
5. The student will provide the following: allergy serum and forms from the Allergy Doctor's office that include allergen, dosage, med sheet with last injection date, amount given, treatment for a reaction, and telephone numbers of allergist.
6. The Health Center will take information provided to create an Allergy Care Plan for our office, which we will fax to the allergy doctor's office. Once we receive a signed Care Plan back from your doctor, we can begin giving your allergy injections. **(This process can take up to 1 week to complete!)**
7. It is the responsibility of the student to schedule his/her appointments for allergy injections. If you cannot keep your appointment, please call and reschedule as soon as possible.
8. Occasionally reactions may occur that require immediate treatment. These reactions may consist of any or all of the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and under extreme conditions, shock. Reactions, even though unusual, can be serious and rarely, fatal.
9. Due to the risk of a reaction you **MUST** stay in the Health Center for 30 minutes after each injection (or as indicated by your allergist). Sorry, NO EXCEPTIONS (80-90% of most reactions happen within the first 30 minutes)!
10. We will not be able to continue giving you your allergy injections if you are repeatedly overdue for your injection or refuse to honor the necessary 30 minute waiting time following your injection. These are essential for your safety and effectiveness of treatment.
11. All serum will be kept in the Health Center refrigerator.
12. We are closed Christmas Break, Spring Break, our hours are decreased during May term, and closed during the summer. You are responsible for picking up your serum if going home during these times.
13. We strongly advise **AGAINST** anyone giving their own shots or having another person giving them in the resident halls. Allergy injections are dangerous and can have life threatening reactions, even for those who have been receiving them for years.

I have read and understand the above information. I have been provided the opportunity to ask questions regarding the potential side effects of immunotherapy. I also agree that if I have an allergic reaction to the injections that the provider-in-charge has permission to treat said reaction.

PATIENT NAME _____ **DATE** _____

WITNESS _____