

Student Agreement and Consent Form for Allergy injections at Student Health Services (SHS)

Thank you for choosing Student Health Services (SHS) to provide your immunotherapy (allergy injections). In order for us to provide high quality and safe patient care to those receiving allergy injections you must agree to and meet the following criteria:

1. All consent forms, including the physician consent form and serum vials, must be submitted to SHS prior to scheduling an appointment along with serum vials. You can find the forms on the SHS website.
2. All appropriate paperwork, orders, and vials must be submitted prior to initiation of allergy injections and whenever a new schedule and serum vials are ordered. Please provide the following information:
 - a. Antigen content and concentration of vial(s)
 - b. Expiration dates of each antigen vial(s)
 - c. Schedule of dosage and frequency of each injection ordered by allergist
 - d. Prescribing allergist instructions for missed or late injections
 - e. Plan for management of local reactions from the allergist
3. Initial dose of each vial **must be administered at the prescribing allergist's office.**
4. Allergy injections **will not be administered** to any student with a history of anaphylaxis to an allergy serum.
5. If your allergist advises that you be **pretreated with an antihistamine**, it is **your** responsibility to follow those instructions.
6. If you receive a flu shot, tetanus shot, or any other type of immunization, wait 24hrs before receiving an allergy injection unless instructed differently by allergist.
7. If you are pregnant or suspect you are pregnant, please notify our allergy nurse and your allergist immediately.
8. At every allergy visit, please report any reaction from previous allergy injection before the next dose is given.
9. It is **mandatory to wait in SHS a minimum of 20-30 minutes** following your injection. If you cannot wait the required time, please reschedule your appointment.
10. It is important that you understand both local and systemic reactions as defined below:
 - a. **Local Reactions:** A local reaction consists of swelling, redness, and itching at or near the site of injection. Avoid rubbing and/or scratching the area. If later in the day you develop swelling at the site, you may apply ice to the area. Rest your arm for the remainder of the day and do not exercise. Follow-up with SHS as needed.
 - b. **Systemic Reactions:** Signs of a systemic reaction may include but are not limited to: itching of throat, eyes, nose, palms or skin, hives, sneezing, runny nose, coughing, wheezing, chest tightness, abdominal cramping, swelling or redness of the face or other areas, sweating, dizziness or weakness. Most severe reactions occur shortly after the injection.

11. **If you notice any type of reaction to the serum, please notify the allergy nurse immediately. If you are concerned about a reaction you may return to SHS during office hours or go to the nearest emergency department. If symptoms are severe, call Campus Police at 570-941-7777 or dial 911.**
12. Reactions are treated as per the prescriber's protocol.

Allergy injections are available by appointment only, Monday-Thursday 9:00am-3:00pm. Call 570-941-7667 to schedule and start the process.

It is important to arrive on time for your scheduled appointment. If you need to cancel your appointment please provide a 24hr notice to our office.

If you are ill, have a fever, cold symptoms or severe allergy symptoms, please call to reschedule your appointment.

Allergy immunotherapy will not be administered during intercession or the summer semester.

All serum vials need to be picked up prior to each break and end of semester.

All forms need to be renewed at the beginning of each Fall Semester.

****Please note: to initiate services students must first opt-in under Student Health Services and pay a \$50 semester allergy fee****

Patient Name _____

DOB: _____

Patient Signature: _____

Date: _____

Please mail or fax this form to:

The University of Scranton

Student Health Services

800 Linden Street

Scranton, PA 18510

PH: 570-941-7667

Fax: 570-941-4298