Wake Forest University Student Health Service

Student Request to Receive Allergy Immunotherapy

I request to receive my allergy injections at the Wake Forest University Student Health Service and agree to the following:

1. I understand that the prescription and mixing of my serum, the content of my vials, the concentration of my serum and the dosage schedule are the responsibility of my allergist, Dr._____. There is not an allergist on staff at WFU.
2. I understand that the serum vials must be hand delivered by me to the Student Health Service. **Allergy vials should not be mailed directly to the Student Health Service**
3. I understand that I must request a copy of my injection record and vials to take to my allergist during holidays, breaks and other absences. I understand the importance of keeping my serum refrigerated in transit. Allergy serum can not be mailed out by the Student Health Service to me or my allergist at any time.
4. I understand that my Allergist must complete and submit the ***Information for Allergy Clinic*** and the ***Physician Order for Allergy Immunotherapy*** forms prior to my receiving allergy injections. These can be found on the Student Health webpage at shs.wfu.edu under the "forms" tab.
5. I understand that allergy injections are given by appointment only Tuesday – Thursday 8:30-11:30 and 1:30-3:30 and Friday mornings 8:30-11:30 during the regular academic year. Hours will change during the summer sessions.
6. I understand that there is a fee for allergy injections based on the number of injections that I receive.
    a. 1 injection: $8.50
    b. 2 injections: $9.00
    c. 3 injections: $10.00
    d. 4 injections: $10.50
    e. 5 injections: $11.00
7. I understand that I am **required to wait for no less than 20 minutes after my injection(s). I must check in with the allergy nurse prior to my leaving the Health Service.**
8. I understand that expired allergy serum will not be used and will be discarded.
9. I understand that certain medications for eye problems, headaches and blood pressure contain Beta Blockers which can increase sensitivity to allergens and potentiate anaphylaxis. I understand that if I am taking any new prescription or over the counter medications since my last visit to the Student Health Service, I must inform the nurse prior to receiving my injections.
10. I understand that I should report any reaction to my last allergy injection, any increase in allergy symptoms, or any change in my health status prior to receiving allergy injections. **If I am ill with fever, asthma or respiratory difficulties, I will not be able to receive my injection until symptoms have improved.**
11. I understand that it is recommended that I not perform any strenuous exercise the 2 hours before or after my allergy injections.

In signing this statement, I acknowledge that I have fully read, understand and will abide by the information that it contains.

_____ _____

Student Name (print) Student Signature

_____ _____

Date Student ID#