ALLERGY INJECTION PATIENT AGREEMENT

1. I have been established and am currently receiving allergy shots from my physician/allergist.
   yes no
2. I have a history of severe allergic reaction, significant local reaction or anaphylactic shock or received epinephrine. yes no
3. I fully understand that the prescription and mixing of my allergy serum, the content of my vials, the concentration of my serum, the dosage schedule, and any required testing are the responsibility of my private physician, Dr. _____ yes no
4. I know and will inform my physician NOT to send my extracts to the MSUM Hendrix Health Center but to me at my college or permanent address.
   yes no
5. I request the MSUM Hendrix Health Center (HHC) to refrigerate my allergy extract in the nursing station refrigerator. I fully realize that is at my risk and do not hold the MSUM Health Service responsible for my extracts. yes no
6. I understand my prescribed allergy treatment must be fully compliant with the policies and protocols of the MSUM HHC in order to receive my injections in this facility and that the signature of a HHC physician does not constitute endorsement or approval of the regimen prescribed by my private physician.
   yes no
7. I understand allergy injections are given **only when a physician is present in the clinic** and there is a fee for each allergy injection. yes no
8. I understand that I need to report to the nurse if I am ill, have a fever, have difficulty breathing, have hives or another skin rash of undetermined cause, am currently taking a beta-blocker or MAO inhibitor medication or am pregnant. yes no
9. I understand that I cannot participate in strenuous exercise/competitive sports for 1 hour before and 4 hours after an allergy injection. yes no
10. I understand I must remain in view of the nurse for 30 minutes after receiving injections and that I may not leave the area during the period of nursing observation. I must have the injection site(s) evaluated by a nurse before leaving the facility. If I leave without the nurse checking and recording results, I may no longer receive my allergy injections at MSUM HHC. I realize there are no exceptions to this policy.
    yes no
11. I know it is my responsibility to obtain my medication and a copy of my allergy injection record for holiday recesses and to return these materials upon returning to college and also to retrieve my medication at the end of the year. yes no

I,_____have read and fully understand the above statements
(print full name) and have been given the opportunity to ask questions. I agree to the policies and procedures, and request to receive allergy injections at the MSUM HHC as prescribed by my private physician

Student's signature:_____Dragon ID #_____Date:_____ **2/08**