

ALLERGY INJECTION CONSENT FORM

To the Referring Allergist and Patient:

TC3 Health Services provides students an option to receive allergy injections in the Student Health Center. Each request is reviewed by the Director and some patients may be referred to an off-campus provider at the student's expense. Some reasons for this include:

- Complicated or unclear medical regimens
- Prior history of a severe reaction
- Non-compliance with office policies.

Additionally, there is no MD present in the building on a daily basis. Written permission from the allergist must be provided to receive injections under the care of a nurse practitioner. It is acceptable to sign or stamp this form as permission.

***We require the following of the allergist:**

- Clear, up-to-date orders including protocols for reactions and late administration
- Accurate schedule and injection documentation
- Protocol for epinephrine or Benadryl rinses
- Permission to receive injections as noted above.

***We require the following of the patient:**

- Adherence to office policies for appointments and waiting time
- Full documentation and clear arrangements for serum to be picked up in advance of school breaks
- Parental signature to receive injections if under 18 years of age.

As the patient's **allergist**, I have read this policy and allow my patient _____ to receive injections at the Campus Health Center.

Physician signature or stamp AND phone number

Date

As the **patient** requesting allergy injections, I have read the office policies and agree to adhere to the regimens described.

Student signature

Date

Parent signature if under 18

Date