

Last	First	MI
ID#	(Place patient label here)	

## ALLERGY INJECTION CONSENT

### Allergy Injection – Important Information

- Allergy immunotherapy is an option for patients who have significant allergic disease for which management with traditional agents has been suboptimal. The goal of immunotherapy is to lessen the body's immune response to an allergen. Allergy immunotherapy requires regular visits to receive injections in an effort to reduce allergy symptoms.
- A nurse will follow your allergist's instructions for administering allergy injections. The nurse will not administer injections from inadequately labeled vials or if allergist instructions are missing or incomplete. This includes concentration, vial content, frequency of injections, expiration date of serum and late or missed injection instructions. It is your allergist's responsibility to explain the risks of receiving allergy injections. You will be required to sign this form in order to receive allergy services at the Student Health Center.
- The duration of your therapy should be determined by your allergist. It is recommended that you have an annual visit with your allergist to assess your immunotherapy.
- You must report to the nurse any current illness or non-prescription medications you are currently taking prior to receiving of an injection.
- **WARNING:** Individuals receiving a class of drugs called beta blockers should not receive allergy injections. Examples of these drugs include Inderal, Lopressor, Tenormin and Corgard. Please notify the nurse if you are taking any of these medications.
- **WAIT TIME:** Reactions from receiving allergen injections may range from minor skin irritation and itching to difficulty breathing. You are required to wait in the Allergy Clinic for 30 minutes after an injection. There are no exceptions to the policy. You must swipe out at the Central Desk after the 30 minute wait. The swipe out time will be monitored and failure to follow this procedure will result in cancellation of your ability to receive allergy injections at our facility.
- Inform the nurse if you are experiencing itching, hives, coughing, sneezing, tightness in the chest or throat, wheezing, or difficulty breathing. If these symptoms develop after leaving the Allergy Clinic, return to the Student Health Center or report to the nearest hospital emergency department for treatment.
- It is recommended that you do not perform any strenuous exercise for one hour before and one hour after an injection.
- All reactions must be reported to the nurse before you receive your next injection. Local reactions consist of swelling and itching at the injection site. Please measure the size of the swelling (not the area of redness) and record the length of time the swelling lasts.
- If you discontinue the treatment or fail to appear for treatment for a period of ninety days, your vial will be put on hold and may be sent back to your allergist or discarded.

### INFORMED CONSENT FOR ADMINISTRATION OF ALLERGEN IMMUNOTHERAPY

I have read or have had explained to me the information in the above **Allergy Injection - Important Information** section. I have had the opportunity to discuss this information and agree to follow the instructions.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature (if patient is under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date