



CONNECTICUT
COLLEGE

Student Health Services

INSTRUCTIONS AND INFORMED CONSENT FOR ALLERGY IMMUNOTHERAPY

To Be Completed By Student

I request to receive my allergy immunotherapy at Connecticut College Student Health Services (SHS) and agree to the following:

1. Allergy injections are only given by appointment by calling 860-439-2275. There is a \$10.00 fee for the initial consultation and \$10.00 for each appointment thereafter. The student is responsible for bringing the allergy extract and the allergist's instructions to SHS. Serums must not be mailed to SHS.
2. The first allergy shot must be administered in the allergist's office.
3. A student receiving allergy injections must remain in the view of the nurse practitioner for 20 to 30 minutes after receive the injection.
4. After the 20-30 minute observation period, the student must have the injection sites evaluated by the immunotherapy nurse practitioner before leaving the facility. If a student leaves without being cleared to do so by the nurse practitioner, the student may no longer receive immunotherapy at SHS. There are no exceptions to this policy.
5. It is the responsibility of the student to pick up the extracts and a copy of their record during semester breaks and at the end of the academic year and to bring these materials upon return to campus. SHS **will not** mail extracts left in the Health Center. Vials in transit should not be exposed to temperature extremes (freezing or extreme heat) because this could decrease extract potency.
6. It is the student's responsibility to arrange continuation of allergy immunotherapy while away from campus.
7. Students are requested to bring an epi-pen with them to each appointment.
8. SHS may also alert your allergist/parent/guardian regarding any missed appointments.
9. In the event of a power failure, SHS cannot be responsible for serum, which is rendered ineffective by warmer temperatures. SHS will make their best effort to prevent this from occurring, but cannot replace or be responsible for ruined serum.

I, _____, have read and fully understand the above statements.

I understand that the prescription, i.e., the content, the concentration and the dosage schedule of my extract, is the responsibility of my private physician, Dr. _____.

I understand that in order to receive allergy immunotherapy at SHS I must comply with the instructions and protocol requirements as listed above. The signature of an SHS physician or nurse practitioner authorizes the continuation of immunotherapy as prescribed by your allergist and is not an endorsement of the regimen.

I have read and understand these instructions and responsibilities and have been given the opportunity to ask questions.

Signature: _____ Date: _____

Witness: _____ DOB: _____