Allergy Shot Clinic Informed Consent

You must read, understand and sign this form before receiving allergy shots at the SHC.

I ___________________________ request allergy injections at the University of Mary Washington Student Health Center (SHC). I have read and agree to abide by the UMW SHC Allergy Shot Clinic Policy as posted on our website. In summary, I understand:

- The SHC is not my allergist. You need to see your allergist annually and as needed for serum changes.
- I will provide my serum, properly labeled, as prescribed by my allergist. When I come to campus, I will visit the SHC and sign-in my allergy serum. The SHC will keep it in refrigeration.
- I will sign-out my serum, when leaving campus for extended periods of time such as the end of the academic year. If I forget to pick up the serum, I know that the SHC will NOT mail it to me not reimburse the cost of the serum. All expired serum will be discarded.
- I will follow my injection schedule.
- I will schedule appointments 24 hours in advance. The SHC will not administer allergy shots on a walk-in basis. The nursing staff and physician are only available at certain times. The SHC does not administer allergy shots during the summer. I can make my next appointment after each visit or by calling 540-654-1040 twenty-four hours in advance.
- I will plan my visit and wait the proper time. Allergy shots are safe, but there is a small risk of an acute reaction. The SHC needs to monitor me in their waiting room for 30 minutes after the injection(s). I cannot leave immediately for class. At the end of the 30 minutes, I will wait until the nurse says I may leave.
- At the end of the semester I will pay the cumulative fee. The charge is $5.00 for each allergy shot visit, regardless of the number of shots given that day. I understand that the SHC does NOT bill insurance.
- The SHC is not responsible for harm to the serum during transportation or storage.
- If I violate these policies the SHC reserves the right to discontinue this service.

I have read the Health Center’s instructions and guidelines for participation in the UMW SHC Allergy Shot Clinic. I have been given the opportunity to ask questions and I understand this information.

_________________________  ___________________________  ____________
Student printed name        Signature          Date

_________________________  ___________________________  ____________
Witness printed name         Signature          Date