

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.
- The SHC will not administer the initial injection from a new vial of serum.** I understand that the first injection from a new vial must be given at an allergist's office.
- 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 nor reimburse the cost of the serum. All expired serum will be discarded.
- I will follow my injection schedule.** If I have not had an injection within the past 30 days during build up or 60 days during maintenance, the SHC will not administer any injections until I have been seen by my allergist and received an injection at their office.
- I will schedule appointments 24 hours in advance.** The SHC will not administer allergy shots on a walk-in basis. 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 at least twenty-four hours in advance.
- I will plan my visit and wait the proper time.** Allergy shots are safe, but there is risk of an acute reaction. The SHC needs to monitor me in their waiting room for **30 minutes after** the injection. I cannot leave immediately for class. I will wait in the SHC until the nurse checks my injection sites and says I may leave.
- I will tell the nurse of any changes in my health or medications before receiving any injection.**
- At the end of the semester I will pay the cumulative fee.** I understand that a \$5.00 charge is applied to my student account for each injection. 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

