

## Student Request to Receive Allergy Immunotherapy

I request to receive my allergy injections at the Indiana University Student Health Center (SHC) and agree to the following:

1. I understand that the prescription and mixing of my serum, the content of my vials, the concentration of my serum, and the dosage schedule are the responsibility of my allergist, Dr. \_\_\_\_\_. There is not an allergist on staff at SHC.
2. I understand that the serum vials may be hand delivered by me or mailed to the SHC by my allergist's office. I understand that it is my responsibility to request my serum and a copy of my injection record to take to my allergist during holidays, breaks, and other absences and it is my responsibility to return these materials to SHC in order to continue to receive allergy injections. I understand the importance of keeping my serum refrigerated in transit.
3. The SHC will provide the service of storing allergy serum in a monitored refrigerator for patients between injections. The SHC is not liable for a compromise in the integrity of allergy serum due to handling before the SHC receives the medication, after it leaves our facility, or for loss or compromise of integrity due to power outage, storage equipment failure, or catastrophic event.
4. I understand that my Allergist must complete and fax to SHC the following forms prior to my receiving allergy injections: These can be found at [healthcenter.indiana.edu](http://healthcenter.indiana.edu) Click on **About → Patient Policies → Need Allergy Shots?**
  - **Referring Allergist Agreement**
  - **Allergen Immunotherapy Order Form**
5. I understand that I will be required to have an Epi Pen with me on the day I receive my allergy injections. **No Epi Pen = No Allergy Injection.** Your allergist can provide you with a prescription.
6. I understand that I should report to the nurse any reaction to my last allergy injection, any increase in allergy symptoms, or any change in my health status prior to receiving any injections.
7. I understand that certain medications for eye problems, headaches, and blood pressure contain **Beta Blockers** which can increase sensitivity to allergens and potentiate anaphylaxis. I understand that if I am taking any new prescription or over the counter medications since my last visit to the SHC, I must inform the nurse prior to receiving any injections.
8. I understand that I am required to wait for 30 minutes at the SHC after my allergy injections.
9. I understand that it is recommended that I not perform any strenuous exercise the two hours before and two hours after my allergy injection.
10. I have been given the **Allergy Immunotherapy Instructions** sheet. I have read and understand this information detailed on the **Allergy Immunotherapy Instructions** sheet, and I have been given the opportunity to ask questions and have all of my questions answered.

\_\_\_\_\_  
Student Name – Please Print

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University ID #

## Allergy Shot Reaction Information Sheet

**All patients at the IU Student Health Center must wait 30 minutes after receiving an allergy shot.**

When you arrive, tell the nurse if you are ill, might be pregnant, on any new medication, or had a reaction to your last injection(s)

### **If you have systemic reaction:**

Get the nurse immediately if you experience tightness in the chest or throat, shortness of breath, wheezing, hives, rash or other changes in your condition after an allergy shot. **KNOCK ON THE NURSE'S DOOR OR CALL OUT FOR HELP.**

If the reaction happens after you have left the Health Center, use your Epi pen and call 911 or return to the Student Health Center immediately. Our hours are 8:00am to 4:30om Monday through Friday.

If the reaction happens after our regular hours, you can call 911 and go to the IU Health Bloomington Hospital Emergency Department at 601 W 2<sup>nd</sup> Street.

### **If you have a local reaction (arm reaction):**

You may put ice or a small amount of cortisone cream to the area for comfort. Ask the nurse for these.

You may take an antihistamine as prescribed by your allergist or an over the counter antihistamine if the area is itching or uncomfortable.

Remember the size of the swelling and the redness to report to the nurse at your next visit. Also, remember how long the reaction lasted.

If you want the nurse to check your arm, please call 855-7514 or stop by.

**You can help avoid reactions by getting your shots regularly as your allergist has instructed you.**

---

Patient Signature

---

Nurse Signature

---

Date