

Name: _____ Date of Birth: _____ Student ID #: _____



AUCC Student Health and Wellness Center

Student Agreement for Allergy Immunotherapy Administration

Instructions: Read carefully prior to completing Student Agreement. Students requesting allergy immunotherapy administration at the Atlanta University Colleges Consortium (AUCC) Student Health and Wellness Clinic are required to complete this form prior to receiving injections at our clinic.

Deadline: This form must be completed annually by September 30 of each year. Students continuing allergy immunotherapy must complete a new agreement form each year.

Shipping of allergy extract vials: I understand the AUCC SHWC will not accept vials shipped to our clinic. The student, parent(s), and or guardian must bring in their vials and we will store them in our medication refrigerator. SHWC will not ship vials to students or an allergist's office; students are responsible for collecting vials if they are leaving the university for the summer and when graduating.

Storage of vials: Once received, the SHWC will store extracts between 2 and 8 degrees Celsius (35.6 and 46.4 degrees Fahrenheit). However, the SHWC will not be responsible for the integrity of the extract in the event of a power failure, storage equipment failure, or catastrophic event that may corrupt the integrity of the extract.

Injection Schedule: I agree to abide by the injection schedule prescribed by my referring allergist. I understand that if immunotherapy injections are frequently missed, the risk for reactions increases. Under such circumstances, immunotherapy injections may need to be discontinued at the discretion of the SHWC medical staff after consultation with my referring allergist.

Risks and Side Effects: I understand that allergy injections are associated with some widely recognized risks. Possible reactions include local reactions at the area around the site of injection and generalized reactions, which occur rarely but are more concerning because of the potential danger to progress to low blood pressure and death if not treated. All generalized reactions require immediate evaluation and medical intervention. Generalized reactions may be of one or more of the following types:

- Hives/urticarial reactions
- Swelling/angioedema reactions
- Anaphylactic shock: Anaphylaxis is life-threatening reaction to allergy shots. It can cause low blood pressure, unconsciousness, trouble breathing and potentially death (rare).

Name: _____ Date of Birth: _____ Student ID #: _____

The following are recommendations which may reduce the risks of side-effects and severe reactions:

- We advise that you not exercise vigorously for two hours before or after your allergy injection. Exercise may stimulate increased blood flow to the tissues and promote faster reals of the antigens into the bloodstream.
- At every allergy injection visit, please report any reaction to the preceding allergy injection before the next injection is given. It is most helpful to have any reaction reported to the nurse prior to the next scheduled allergy appointment.
- If your allergist advises that you be pretreated with an antihistamine, it is your responsibility to follow those instructions.
- If you receive any immunizations, please wait 24 hours before receiving an allergy injection
- If you are ill with a fever or have wheezing, you will be assessed by the nurse. The nurse may consult with a nurse practitioner, physician or your allergist to determine whether the injection should be given

Observation Period: Generalized reactions are unpredictable and may occur after allergy injections with no previous warning. As a result, I agree to remain at the SHWC for a 30-minute observation period after each immunotherapy injection. If I cannot wait the full period, I agree to notify the medical staff that I should not receive my immunotherapy injection. I also understand that if I leave before the appropriate time, I will no longer be permitted to receive my allergy immunotherapy at the SHWC.

New Information: I agree to notify the SHWC medical staff if I start any new prescription medications, particularly medication for high blood pressure, migraine headaches, or glaucoma. "Beta blocker" medications, often prescribed for heart diseases or high blood pressure, are usually not allowed while on immunotherapy. If I become pregnant while on immunotherapy, I will notify the medical staff at the SHWC as well as my allergist. I understand that the SHWC does not administer allergy injections during pregnancy.

Student Signature: _____

Date: _____

Reviewed by: _____

Date Reviewed: _____