



Drexel Student Health Center

Student Allergy Injection Information and Consent Form

Please read the following information carefully and if you have any questions, please call our office (215) 220-4700.

- 1) You must have your prescribing Allergist complete the “Request and Consent for Administration of Allergy Immunotherapy” form. We will not administer your allergy injections until we have these forms completed.
- 2) If you are starting a new build-up schedule, you are required to receive the first two allergy injections at the prescribing Allergist office prior to receiving allergy injections at the Student Health Center.
- 3) Allergy injections are given by appointment only. If you fail to follow your allergy schedule on multiple occasions, we will stop providing these injections and refer to another physician’s office.
- 4) Due to the risks involved with allergy immunotherapy, you are required to wait for a minimum of 20 minutes in our office after an allergy injection. You must check in with the staff prior to departure. Injections are given with a nurse practitioner or physician present in the office to help manage reactions. We recommend that you always carry an Epi-Pen and know how to use it. If you need a refill on your Epi-Pen or instructions on how to use it, please notify us so we can help. Symptoms such as difficulty breathing, wheezing, hives and tightness in throat or chest are signs of a systemic reaction or anaphylaxis, and immediate treatment with epinephrine (Epi-Pen) and antihistamines is needed. Many systemic reactions are successfully treated, but some of these reactions do not respond to medication and can result in death. Administer your Epi-Pen and proceed to the emergency room or call 911 if a systemic reaction occurs after leaving Student Health. Please notify our office if you notice any other symptoms after receiving an injection. To lower your risk, please avoid exercise for at least 2 hours after an allergy injection.
- 5) Throughout your allergy immunotherapy at Student Health, please notify our staff if you have any medical changes such as new medicines, recent or current infections or fever, worsening allergy symptoms or asthma, pregnancy or any reactions to allergy injections. If you are on a beta-blocker at any time we cannot administer your allergy injections.

I have read and understand the above information and give my permission to Drexel Student Health Center to administer my allergy injections as prescribed by my Allergist.

Patient’s signature: _____

Patient’s Name (printed): _____ Date: _____

Parent’s signature (if patient is a minor): _____ Date: _____

Parent’s Name (printed): _____