

**BUCKNELL UNIVERSITY**  
**INSTRUCTIONS & INFORMED CONSENT FOR ALLERGY**  
**IMMUNOTHERAPY**

As an adult, you have both rights and responsibilities regarding your health and wellness. To assure the best quality of care, including your safety, the following policy must be followed in order to receive allergy injections at Student Health Services.

1. SHS will administer allergy immunotherapy on the written order of your private physician, who has provided you with the appropriate serum and instructions.
2. In order to give injections, we require written instructions from your allergist specifying protocol for administration (dosage, frequency, etc.). This is required with each new vial.
3. Students are responsible for obtaining more allergy serum and instructions when supply becomes low.
4. If you deviate from your schedule, the risk of reaction to the allergy serum increases. Thus, it is important to keep your schedule. If you miss injections, it will be your responsibility to call your allergist to obtain late orders to be faxed to SHS at 570-577-3570.
5. SHS will offer allergy injection administration free of charge provided you comply with our contract. Non-compliance with instructions, including being **late 3 times in one academic year will result in discontinuation of your allergy injections at SHS**. It will be your responsibility to contact the local allergist @ 570-522-8111 for continuation of therapy. Injection fees range from \$17 to \$26 per injection which will be **your responsibility**.
6. There is **ALWAYS** a possibility of a reaction from allergy injections. Therefore, you are **REQUIRED** to wait in SHS for **30 MINUTES** after receiving an injection...**NO EXCEPTIONS!** You must check with the nurse before leaving.
7. Any problem with allergy injections experienced after leaving SHS must be reported to the nurse **PRIOR** to your next dose to prevent serious reaction.
8. Students are responsible for picking up allergy serum prior to vacation and at the end of the school term or semester. Any serum remaining at SHS will be discarded following the May commencement ceremony.

In signing this statement, I acknowledge that I have read and understand the above stated instructions. I agree that I am part of the team responsible for my care and will abide by this policy while receiving my allergy injection therapy at Bucknell Student Health Services.

\_\_\_\_\_  
Student/Patient Name

\_\_\_\_\_  
Bucknell ID # and Class Year

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Revised 4/09