Asbury College Allergy Injection Policy

The Asbury College Student Health Service is pleased to provide the service of administering your allergy injections. For your safety, the following policies are to be observed (please read them carefully and sign at the designated space).

1. The patient will obtain serum and complete instructions and schedule for allergy administration from their personal allergist. (Just a bottle with dates and dose on it is not sufficient.)

2. Students will receive the injections free, as covered by their tuition fees.

3. If the allergist instructs that a physician be present when the injection is given, the patient must come during doctor’s hours, and a physician must be present during the entire observation period (usually up to 30 minutes). **Doctor’s hours are Mondays and Thursdays 9AM – 1:30PM.**

4. The first dose from a new vial must be given during doctor’s hours.

5. If the allergist does not specify physician supervision, the patient may receive the injection only at a time when there are **two** nurses present in the Health Service. Appointments for allergy shots will be scheduled from **9:00AM to 3:30PM Monday through Friday.**

6. The patient must follow the allergist’s general instructions related to the injection process. This will include observation of the patient after the injection, which may take up to 30 minutes. The patient must wait in the Health Service and is not permitted to leave until the nurse checks the site of the injection.

7. The patient should inform the Health Service of any delayed allergic reactions (after they leave the building). If any systemic reaction occurs (such as hives, rash, generalized itching, wheezing, etc.) the patient must notify the Health Service **immediately.**

8. The patient should inform the Health Service at the time of injection of any present or recent illness.

I have read the above policy and agree to abide by it. I understand that if I fail to do so, the Health Service may refuse additional allergy injection services.

__________________________________________________________
Name

__________________________________________________________
Date

Revised 8/01/07