

Tarleton State University
Student Health Center
Box T-0360, Stephenville, Texas 76402
Telephone: (254)968-9271 Fax: (254)968-9710

Date: _____

To: _____

Address: _____

Telephone: _____

The following student requests that allergy injections be administered by the Tarleton State University RN.

(Name of Patient)

Before complying with this request, the RN requires authorization from the patient's physician who prescribed the allergy treatment.

The physician must be fully aware that an MD is **only** on the premises Monday through Friday **1:00-2:00**

**Emergency medication including
Epinephrine and albuterol by nebulizer
as well as a nurse practitioner
are available Monday through Friday 8:00 to 5:00.**

Please sign below if you agree to give the RN at Tarleton State University authorization to administer allergy injections to your patient noted above.

THIS RELEASE MAY BE FAXED: _____
Student's Signature

Physician Signature

(Comments as desired)