



Tarleton State University Student Health Services
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Division of Student Affairs

A Member of the Texas A&M University System since 1917

Allergy Injection Consent and Agreement

As a service to you, The Student Health Center (SHC) provides continuing desensitization treatment using allergens and instructions by your private physician. Allergic reactions, ranging from localized swelling to anaphylactic shock, may follow these injections. You must, therefore, meet the following conditions before receiving your injections at SHC

1. For your safety, it is imperative that you remain in the designated area for at least 15 minutes after your injection (s). The physician providing the allergen(s) may require a longer waiting period. A nurse will check and document the injection site before you leave.
2. Specific instructions from your physician must be provided before any injections will be given.
3. Allergy antigen must be provided by the patient, and it is your responsibility to make sure that it is always available. You may bring your own syringes: however, they must be in the original manufacture's packaging. Pre-filled syringes will not be accepted. There will be a \$2.00 charge every time you come in for an injection if our needles are used.
4. Allergy injections will be administered between 9:00 a.m. and 3:30 p.m., Monday through Friday.
5. Allergen vials will be discarded one month after the close of the semester, unless you make arrangements with the nurse to retain them.
6. If wheezing, coughing, runny nose, and/or hives are present following your injection, you should return to the health center immediately. If after hours, seek treatment from another health care provider.
7. If you are taking beta-blockers or MAO inhibitors (a type of anti-depressant) you will not be permitted to receive allergy injections at SHC. These medications prevent clinicians from using Epinephrine, should a serious allergic reaction occur.
8. Please list all medications you are currently taking: _____

9. Please list any medications you are allergic to: _____

I have read and understand the above instructions and will adhere to them. I acknowledge that I am not presently taking beta-blockers or MAO inhibitors.

I understand that a copy of this form is available to me upon request.

Patient's Signature: _____ Date: _____

Parent's Signature (if under 18) _____

Witness: _____