



Allergy Injection Policy

The Student Health Clinic will administer allergy injections to Union students with the following provision on file:

1. Written orders from your allergist who has provided the appropriate serum.
2. Your signature on the allergy injection policy form.
3. If you are a student, you must be enrolled in the current semester.

There is always a possibility of an adverse reaction to an allergy shot. For your safety, our allergy shot protocol requires:

1. A provider must be present in the Student Health Center. The university nurse practitioner will review your treatment plan prior to the first injection.
2. You must wait in the Student Health Center at least 15 minutes after receiving an injection.
3. Before leaving, you must be checked by a nurse for signs of a reaction.
4. The injection site must not be rubbed or scratched. If itching occurs, apply ice.
5. Avoid vigorous exercise (jogging, gym workouts, etc.) one hour before and after injections.
6. Immediately report any problems/reactions from an allergy injection to the Student Health Center.

Patient Responsibilities are as follows:

1. Having current orders from your allergist stating that these injections may be given at Union, dose, schedule, and protocol for missed or late injections. It is the student's responsibility to ensure that prescribed serum is provided to the clinic staff.
2. Adhering to the injection schedule prescribed by your allergist.
3. Arranging to receive scheduled injections during semester break, summer break, or when the Student Health Clinic is closed.
4. Obtaining refill serum(s) as needed.
5. **You are expected to bring your unexpired EpiPen at every injection administration.** In the event that you would need an EpiPen and do not have your own, you will be charged to replace the clinic's supply.
6. Picking up remaining serum(s) when leaving the University for semester breaks, withdrawal, or graduation. Any remaining serum will be discarded each May after graduation.

Allergy injection appointment requirements:

1. Appointments must be made at least 24 hours in advance.
2. If more than 5 minutes late for the scheduled appointment, you may be asked to wait or reschedule.
3. **Allergy Injection Fee is \$45.00 for Fall/Spring Semesters. \$20.00 fee for Summer.**
4. Missing three (3) scheduled appointments results in revocation of allergy clinic privileges and referral to an off-campus medical provider. NO EXCEPTIONS.

Patient Name:	UU ID#
Patient Signature	Date:

SUMMER SEMESTER - \$20 fee	FALL SEMESTER - \$45 semester fee	SPRING SEMESTER - \$45 semester fee
Paid Allergy Injection Fee: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Student Acct Date: _____	Paid Allergy Injection Fee: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Student Acct Date: _____	Paid Allergy Injection Fee: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Student Acct Date: _____