

Allergen Immunotherapy Patient Agreement Form

I, _____, agree to the following regarding receiving my allergen immunotherapy injections (allergy injections) at Trent Student Health Services (TSHS):

- 1) I will provide my allergist with a copy of the “Letter to the Allergist” so that they know TSHS’s requirements.
- 2) I understand that TSHS must be able to contact my allergist if the TSHS nurse or physician has questions regarding my injection schedule. I may be required to contact my allergist if TSHS requires more information before proceeding with injections. My injection(s) may be delayed or may not proceed if my allergist cannot be reached.
- 3) TSHS reserves the right to refuse administration of allergy injections if the dosing instructions are unclear and/or if there is a change in my medical status.
- 4) I will always have my EpiPen with me for my injection and understand that failure to have my EpiPen will result in a rescheduling of my injection. If I need to use my EpiPen after leaving Health Services, I know to immediately contact emergency services.
- 5) I will let the nurse know if there has been a change in my medications or medical history since my last injection.
- 6) I agree to wait in the TSHS waiting room for 30 minutes after the injection and know to notify the staff if I develop any signs of a systemic reaction. Failure to do so may result in TSHS refusing to administer any further allergen immunotherapy.
- 7) I agree to attend my appointments as scheduled. Failure to do so may result in TSHS refusing to administer any further allergen immunotherapy. Adherence to an allergy injection schedule decreases the risk of serious adverse reactions.

- 8) It is my responsibility to take my serums with me and arrange for my injection(s) to be elsewhere if I am going to be away from campus during one or more of my scheduled injection dates (e.g. winter break, summer break).
- 9) Allergen serums are kept in TSHS's temperature-controlled fridge. TSHS will not be held responsible for any serums that need to be discarded due to fridge failure.

Signature:

Student number:

Date: