The Student Health Center is pleased to assist you in receiving the allergy immunotherapy prescribed by your personal physician while you are enrolled at UNC Charlotte. Please review information about our Allergy Clinic below. If you have additional questions please contact the Student Health Center at 704-687-7424.

**Student Allergy Injection Information and Consent Form**

All patients requesting the Student Health Center (SHC) to administer allergy immunotherapy are required to carefully read and sign this form.

1. You must obtain a Request for Allergy Injection form and have this completed by your prescribing physician including all requested information.
2. Allergy injections are given by appointment only. **Injections are given with a physician present in the health center.**
3. A signed order from the physician prescribing your immunotherapy is required **annually**; we cannot give your allergy injections without this order.
4. Allergy injections are administered to patients who are in the build-up phase and maintenance phase of their immunotherapy. **Note:** Our policy does require you to receive at least your first and second (minimum of two different dates) injections of your first vial of build-up in your prescribing physician’s office. The interval between your last injection received at your prescribing physician’s office and your first injection at the SHC must be at the prescribed interval for your injection or you will be referred back to your prescribing physician’s office. (Please plan accordingly.)
5. You are responsible for providing your allergy extract (vials); our nursing staff will remind you when the vial(s) is getting low so that you can reorder from your prescribing physician.
6. If a change in dosage is required due to missing an injection, you are responsible for contacting your allergist to obtain written orders for any such changes. The order may be faxed to the SHC.
7. We require a **30 minute** patient observation each time an allergy injection is given. Failure to wait the required time will result in automatic dismissal from the allergy injection service at SHC.
8. Reactions to your immunotherapy can be immediate or delayed and can occur when you are increasing your build-up or maintenance therapy. **Note:** Immediate systemic type reactions can be life threatening, requiring prompt medical treatment. These reactions usually begin 5-20 minutes after injection with itching of scalp, ears, and palms of hands, a tickling irritation at the back of your throat, and difficulty breathing. Wheezing, sneezing, and coughing may accompany these symptoms. Early treatment may prevent progression of the reaction to generating hives, asthma, anaphylaxis, or death.
9. You are responsible for reporting any of the following since your last appointment/injection to the nurse prior to receiving your allergy injection(s).
   - Delayed reaction local or generalized.
   - Asthma symptoms
   - Any suspected illness or fever at the time of your appointment.
10. If you experience any type of severe reaction or begin having increasing frequency of reactions to your immunotherapy, we will no longer be able to administer your allergy injections; consequently you will be referred back to your prescribing physician.
11. You should not exercise for 2 hours after an allergy injection due to the possibility of delayed reactions.
12. It is your responsibility to inform the SHC nurse of any changes in prescription medications that you are taking. If you are prescribed a beta-blocker at any time, we cannot administer your immunotherapy.
13. You are responsible for making arrangements ahead of time to receive your allergy injections elsewhere when:
   - SHC is closed (primarily major holidays).
   - You are out of town and unable to get your injection at the Student Health Center.
14. The SHC will store your vials of allergy extract until the end of the academic year, at which time they will be discarded. Please be sure to take your allergy extracts home at the end of the academic year.

I have read the above information completely and understand the risk involved with allergy immunotherapy, including the possibility of local and/or systemic reactions as well as increased allergy symptoms. I hereby consent to the administration of allergy immunotherapy, prescribed by my private physician, by a nurse at the SHC and under the direction of the clinic providers. I agree to fully abide by the policy and procedures of the allergy injection clinic at indicated above.

Patient Signature: _____________________________________________

UNCC ID #: ________________________________ Date: ____________

SHC nurse reviewing information with patient: ________________________
Physician Request for Allergy Injection Therapy

Instructions to Physician:

Your patient (named above) has requested the Student Health Center (SHC) to administer allergy immunotherapy prescribed by you. The patient will work with your office to obtain serum and proper documents. Allergy injections are administered by a nurse with a physician OR mid-level provider present in the health center to manage any severe reactions that may occur.

1. Students must initiate allergy injections with their prescribing physician and **complete a minimum of at least two doses (two different visits)** at the prescribed interval before receiving the next injection (on-time) due at the SHC. Please read, answer questions and sign this form.

2. If the time since the last injection is beyond the prescribed interval the student will be referred back to their prescribing physician’s office for two more doses.

3. Please attach the appropriate written orders and patients information:
   - [ ] Medical History (including any chronic or severe illness that may affect the desensitization schedule).
   - [ ] Documentation of most recent administered injections
   - [ ] Specific instructions on dosage adjustment if the patient is late for an injection or deviates from the prescribed schedule.
   - [ ] Schedule for increasing build-up dosages (not applicable for patient’s already on maintenance therapy).
   - [ ] Maintenance schedule, including instructions regarding dosage adjustment when starting a new maintenance vial.
   - [ ] Specific guidelines regarding when to withhold or reduce dosages with illness, wheezing, or increased allergy symptoms

4. All Allergy extracts must be properly labeled with the following information: **Name, DOB, allergen content, concentration and expiration date.**

5. Has the patient experienced previous significant local or systemic reactions to allergy injections? NO [ ] YES [ ]. If yes, indicate the type of reaction, which extract(s), and previous treatment for any adverse reaction.

6. Is the patient presently taking a beta-blocker? Yes [ ] No [ ]

7. Any other comments or instructions: ____________________________________________________________

Note: We require a written order annually, from the prescribing physician before we administer allergy injections to your patient. If any problems or complications arise that are not addressed within the information provided, we will contact your office for further instructions. **We require a written order (signed by physician) in the event of a deviation from the original order.**

Physician’s Signature: __________________________________________ Date: __________

Physician’s Name (print) ______________________________________________________________________

Office Address: ______________________________________________________________________________

Phone Number: ________________________________ Fax Number: ________________________________