ALLERGY CONSENT FORM

To the Referring Allergist and Patient:

Cazenovia College's Campus Health Service provides students an option to receive allergy injections for a nominal charge. Each request is reviewed by the Director and some patients may be referred to an off-campus provider at the student's expense. Some reasons for this include:

- Complicated or unclear medical regimens
- Prior history of a severe reaction
- Non-compliance with office policies.

Additionally, there is no MD present in the building on a daily basis. Written permission from the allergist must be provided to receive injections under the care of a nurse practitioner. It is acceptable to sign or stamp this form as permission.

*We require the following of the allergist:

- Clear, up-to-date orders including protocols for reactions and late administration
- Accurate schedule and injection documentation
- Protocol for epinephrine or Benedryl rinses
- Permission to receive injections as noted above.

*We require the following of the patient:

- Adherence to office policies for appointments and waiting time
- Full documentation and clear arrangements for serum to be picked up in advance of school breaks
- Parental signature to receive injections if under 18 years of age.

As the patient's **allergist**, I have read this policy and allow my patient _____ to receive injections at the Campus Health Center.

_____ _____

Physician signature or stamp AND phone number Date

As the **patient** requesting allergy injections, I have read the office policies and agree to adhere to the regimens described.

_____ _____

Student signature Date

_____ _____

Parent signature if under 18 Date