

Butler University Health Services Allergy Injection Student Instructions and Responsibilities

Butler University Health Services will administer allergy shots to students who have signed and completed this form.

Students are seen for allergy injections by scheduled appointments and only when a provider is present. You may schedule an appointment by calling Health Services at 317-940-9385. Please read your responsibilities below:

1. The student must meet the requirements for current immunizations and have a physical exam on file at the health center.
2. Butler Student Health will not initiate immunotherapy treatment.
3. All allergy patients including returning allergy patients must be seen by a Butler University Student Health Services provider at the start of each school year prior to their first allergy injection.
4. I understand that Butler University Student Health will only accept vials shipped from a doctor's office. **NO HAND DELIVERED VIALS WILL BE ACCEPTED.**
5. Allergy serum must be accompanied with Butler University Student Health Allergen Immunotherapy Order Form (directions for administration, late instructions, date of last injections with any reactions afterwards, a list of allergens in each bottle and contact information for the Allergist Physician/Provider who prescribed the serum).
6. All serum vials must be labeled with your name, date of birth, the extract, and date of expiration.
7. It is your responsibility to make appointments and follow the directions of your Allergist Physician/Provider on how often you should receive your injections. It is also your responsibility to take any medications and/or antihistamines as ordered by your physician/provider prior to your allergy injection.
8. I understand that I will be required to have an unexpired Epi Pen or Auvi-Q with me on the day I receive my allergy injections.
9. I agree to notify Butler Student Health medical staff if I start any new prescription medication, particularly medication for high blood pressure, migraine headaches, or glaucoma. "Beta blocker" medications, often prescribed for heart disease or high blood pressure which can increase sensitivity to allergens and potentiate anaphylaxis. If I become pregnant while on immunotherapy, I will notify Butler Student Health medical staff immediately so they can obtain and determine an appropriately revised dosage schedule from my referring allergist for the injections during pregnancy.
10. Injections are administered by a nurse. Disposable syringes and needles are provided.
11. If you are sick on the day of your scheduled injection appointment, please call Health Services prior to your visit.
12. For your safety, after your injection, you must wait at least **30 minutes**. If your prescribing Allergist instructions indicate a longer waiting period, then you must follow those instructions. A nurse must check your injection site/s before you leave Health Services.
13. Students are responsible for taking their serum and instructions and dosing record with them if they will need an injection while away from Butler University.
14. If your allergy serum is expired, the Health Center will properly dispose of it.
15. If you have not picked up your allergy serum by the end of the spring semester, your serum will be returned to your prescribing Allergist and shipping costs will be incurred by the student.
16. Allergy serum vials will be stored in a temperature monitored medication approved refrigerator at the Health Center.
17. Butler will take reasonable care to properly store allergy serum vials, however, please be advised Health Services/Butler University shall not assume financial responsibility for any damage to allergy serum due to issues related to storage. In the event of probable damage to your serum, you will be notified to obtain new serum, at your own cost, from your providing physician.

**INFORMED CONSENT FOR ADMINISTRATION OF ALLERGEN
IMMUNOTHERAPY**

I fully understand that the prescription and mixing of my serum, the content of the vials, the concentration of my serum, the dosage schedule, and my medical management related to this therapy is the responsibility of my private physician, Dr. _____, and I do not hold Butler University and its Health Services responsible for these factors.

I understand that allergy injections are associated with some widely recognized risks. Possible reactions include local reaction at the injection site and generalized reactions which occur rarely but are more concerning because of the potential danger to progress to low blood pressure and death if not treated. All generalized reactions require immediate evaluation and medical intervention. Generalized reactions may be one or more of the following types: hives/urticarial reactions, swelling/angioedema reactions, anaphylactic shock including acute asthma, low blood pressure, unconsciousness, and potentially death.

I have read and understand the Allergy Injection Form. I have had the opportunity to ask any questions and agree to follow these guidelines. If I have any questions, I can contact Health Services at 317-940-9385.

Patient's Signature

Date

Parent's/Legal Guardian's Signature

Date