



Patient Allergy Injection Consent Form

I request and authorize Mercy University Student Health Office to administer to _____injections of the allergen extracts (“allergy injections”) prescribed by my allergist, Dr. _____.

I request and consent to the administration of allergy injections in the Student Health Office (SHO) instead of my allergist's office. I understand there is a remote possibility of a life-threatening reaction that would require immediate and skilled treatment in the health office. I also understand the Mercy University Student Health Office is not responsible for damaged, spoiled vials in case of a power outage etc. and they become unusable.

_____(initial)	I have been advised to remain in the SHO for 30 minutes or longer as ordered by allergist after receiving each allergen injection.
_____(initial)	I understand that if I leave the SHO prior to the end of the 30-minute observation period I may no longer be able to receive allergy injections in the future.
_____(initial)	I am aware that this consent form needs to be renewed and signed annually to continue to receive allergy injections in the SHO.
_____(initial)	I agree that failure to follow my physician's orders may result in my being unable to receive allergy injections in the SHO.

I release Mercy University Student Health Office from any liability for any reaction to allergy injections received. I assume all responsibility for obtaining the allergy vials and transporting them to the SHO.

Patient Signature: _____ **Date signed:** _____