

## Agreement and Consent for Administration of Allergy Injections

Please read this form and bring it to your visit with the Medical Director at the TCU Health Center

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I request that the TCU health center administer my allergy injections as prescribed by my referring allergist.

I understand that I must make an appointment with the TCU medical director to receive clearance before I can begin allergy injections.

Prior to the appointment I will bring my antigen and dosage instructions from my allergist's office and the clinic will have received my allergist's signed Referral Agreement.

I agree to make my appointment and arrive in the clinic on time. \* SEE BELOW

I agree to wait in the office for 30 minutes following the injection and to have the injections site checked by the nurse before leaving the clinic.

### **For my own safety I agree to carry my emergency kit to every allergy appointment.**

I agree to provide a list of medications that I am currently taking and to notify the nurse of any new medication

I agree to provide a list of current allergies.

I agree to inform the allergy nurse of current and/or ongoing illnesses.

I agree to inform the allergy nurse if I am having problems with asthma, or respiratory illnesses.

I agree that I am responsible to provide my own antigen; and to have my antigen stored at the TCU Health Center.

I agree not to hold Texas Christian University liable for any damages or compromise in the integrity of the medication due to handling before TCU Health Center receives the medication or for the loss or compromise of integrity due to power outages, storage equipment failure or catastrophic event.

\* I agree that I will call or email the Allergy Clinic if I cannot keep my appointment.

I have read and understand the agreement for receiving allergy injections at the TCU health center

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_