To All Allergy Patients,

The medical staff at the Habif Health and Wellness Center (Student Health Services) is committed to providing you with the safest health care possible regarding your allergy injections, doses and schedules. Our medical staff will administer your allergy injections while you are at the university under the following policy. Please review the policy carefully and ask our staff any questions you may have about the policy in order for you to fully understand the necessary compliance.

Please place a check mark in the box with each statement below, to note that you have read and agree to comply with the policies:

* I will receive my very first injection in my allergist’s office. I understand that I need to continue to receive my injections at home through the summer to start up again upon my return to Wash U.
* I will meet with a SHS Medical Provider prior to receiving my first allergy injection at Student Health Services. This can be done during my first injection appointment.
* I will carry an Epi-Pen at all times on the day I receive my allergy injection(s). I will show it to the Registered Nurse prior to receiving my injection. I understand that if I do not have the EpiPen with me, I will not receive the injection. *If you do not have an Epi Pen, your medical provider will write a prescription for one at your first visit. You can obtain the EpiPen from the Quadrangle Pharmacy located at Student Health Services. Our pharmacy will bill your insurance company for you. You will be responsible for associated copayments and charges not paid for by your insurance company.*
* When allergy injections are missed it changes the dose/schedule, and can cause reactions. Changing your dose constantly can compromise the safety of your allergy injections. I understand that missing more than three scheduled allergy injections in one calendar year will result in permanent referral to an outside allergist, and I will no longer be able to receive allergy injections at Habif Health and Wellness Center.
* I will remain in the office for 30 minutes following my allergy injection(s).
* I understand that SHS does not ship my allergy vials and it is my responsibility to pick it up and ship it myself or transport it to my desired destination under the specified storage directions of the manufacturer.

By signing this statement I am acknowledging that I understand the necessity of following my prescribing physician’s allergy injection schedule and the Habif Health and Wellness policy stated above.

Thank you for your cooperation in making sure you receive safe medical care.

Sincerely,

The Medical Staff of Habif Health and Wellness Center

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

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

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

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