

**ROCHESTER INSTITUTE OF TECHNOLOGY
STUDENT HEALTH CENTER**

**Instructions and Informed Consent for Allergy Immunotherapy
To be Completed by Student**

I request to receive my allergy immunotherapy at the RIT Student Health Center (SHC) and agree to the following:

1. Allergy injections are only given by appointment by calling 585-475-2255. The student is responsible for bringing the allergy extract and the allergist's instructions. If the extract is mailed by the allergist's office, the SHC is not responsible for loss of extract or the condition in which it is received. It is the student's responsibility to check to see if extracts have arrived.
2. The first allergy shot must be administered in the allergist's office.
3. A student receiving allergy injections must remain in the view of the nurse for 30 minutes after receiving the injection.
4. After the 30 minute observation period, the student must have the injection sites evaluated by the immunotherapy nurse before leaving the facility. If a student leaves without being cleared to do so by the nurse, the student may no longer receive immunotherapy at the SHC. There are no exceptions to this policy.
5. It is the responsibility of the student to pick up the extracts and a copy of their record before quarterly breaks and at the end of the academic year. The SHC **will not** mail extracts left in the Center.
6. It is the student's responsibility to arrange continuation of allergy immunotherapy while away from campus.

I, _____, have read and fully understand the above statements.

I understand that the prescription, i.e., the content, the concentration and the dosage schedule of my extract, is the responsibility of my private physician, Dr. _____.

I understand that in order to receive allergy immunotherapy at the SHC, I must comply with the instructions and protocol requirements as listed above. The signature of the SHC physician only authorizes the continuation of immunotherapy as prescribed by your allergist and is not an endorsement of the regimen.

I have read and understand these instructions and responsibilities and have been given the opportunity to ask questions.

Signature: _____ Date: _____

UID: _____

Witness: _____