SETON HALL UNIVERSITY HEALTH SERVICES
ALLERGY INJECTIONS CONTRACT

Tel: (973) 761-9175
Fax: (973) 761-9193

Student Name: _____________________________ SHU ID # _____________________________

Allergist Name: _____________________________ Allergist Phone: ____________________

Allergen(s) Vial(s) __________________________ Date of last injection:____________________

I agree to:

- provide instructions for administration from my allergist.
- provide a clinical summary from my allergist.
- be compliant with instructions from my allergist
  (includes appointment intervals, pre-medication).
- receive the first dose from each vial from my allergist.
- provide labeled serum(s) with my name and expiration date.
- store current vials in Health Services.
- notify Health Services if I need to reschedule or change my appointment.
- stay in Health Services for observation at least 20 minutes following my injection
  (or longer per my allergist’s instructions).
- notify my allergist and Health Services of any adverse reactions which occur after
  leaving the office.
- seek emergency care if I develop acute symptoms (i.e. shortness of breath, difficulty
  swallowing or symptoms of anaphylaxis).
- pick up serum during summer and University breaks.
- be responsible for appropriate storage of the vials when they are not in Health Services.

In addition:

- I understand that the provision of allergy injections will be terminated if I am not compliant
  with this policy.
- I understand my allergy serum will be disposed of when it reaches the expiration date.
- I understand the Seton Hall University Health Services is not responsible for lost or
damaged serum.
- I understand that Health Services reserves the right to decline or discontinue allergy
  injection administration at any time. In the event that I cannot receive allergy injections at
  the Health Services, I will be assisted in locating an alternative provider.
- I have reviewed the risks of allergy injections with my allergist and understand them fully.

Patient Signature _____________________________ Date: ______________________

Review Signature ___________________________ Date: ______________________

(Seton Hall University staff review signature) 09/2019