

**ALLERGY INJECTIONS
CONSENT FORM**

I have read the guidelines for allergy injections. I agree to:

- Adhere to the injection schedule provided by my allergist
- Make an appointment for injections at least 24 hours in advance
- Arrive promptly for scheduled appointments
- Call to cancel if unable to keep my appointments
- Remain in the Student Health Center 30 minutes after receiving my injection

I understand that if I do not comply with the written instructions given to me, I jeopardize my right to receive allergy injections at the Student Health Center. I understand that three (3) infractions will result in my becoming ineligible to receive allergy injections at the Student Health Center and that I will be referred to an off-campus facility at my own expense.

Signature: _____ Date: _____

Witness: _____ Date: _____