

**Penn State Behrend Health and Wellness  
Center Academic Year 2024-2025  
Student Agreement for Allergy Injections**

**Page 1 - Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Instructions**

Students requesting allergy immunotherapy administration at Penn State Behrend Health & Wellness Center (HWC) are required to complete this form. Read carefully prior to signing Student Agreement.

**Deadline**

This form must be completed and received in the Allergy Clinic prior to scheduling the first appointment. **This order will expire June 30, 2025** and new agreement forms must be provided to continue immunotherapy.

**Establish Care**

I understand that I must establish care with a HWC clinician before receiving my first allergy injection. This can be done by making an appointment online at <https://behrend.psu.edu/healthandwellness> or by calling 814-898-6217. I understand that HWC does not initiate treatment. The first injection must be received at my allergist's office and the HWC will administer subsequent injections. I will check in through the kiosk each time I visit the allergy clinic and provide a photo ID at each visit.

**Shipping of Allergy Extract Vials**

I will call my allergist when new allergy extract is needed. HWC will notify me by secure message when it has arrived at the HWC allergy clinic. All extract must be received at least 2 business days prior to my allergy injection appointment. New extract may be shipped to:

Penn State Behrend  
Health and Wellness Center  
Attn: Allergy Clinic  
4701 College Drive  
Erie, PA 16563

HWC cannot accept extracts on Saturdays, Sundays, holidays, or during any University closure.

**Extract Vial Labels**

Injections will not be given from inadequately labeled vials or if physician instructions are missing or incomplete. This includes concentration, vial contents, frequency of injections, expiration date, late or missed injection instructions, and local reaction instructions.

**Injection Schedule**

I agree to abide by the injection schedule prescribed by my referring allergist. I understand that the risk for adverse reactions increases if immunotherapy injections are frequently missed. Under such circumstances, immunotherapy injections may need to be discontinued at the discretion of the Penn State Behrend HWC medical staff after consultation with my referring allergist. If I need to receive injections elsewhere, it is my responsibility to ensure that the health professional who administers my injections records the appropriate information accurately. This includes date, dosage, site, reaction, and signature. I am responsible for following up with my allergist regarding new extract orders. If I discontinue treatment or fail to appear for treatment for a period of sixty days, no injections will be given. I will be responsible for taking my extract and written orders back to my allergist.

Allergy injections will never be given without a clinician's presence in the facility for my safety. I agree to avoid vigorous exercise such as gym workouts and jogging for 2-4 hours prior to and following injections.

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**Risks and Side Effects**

I understand that allergy injections are associated with some widely recognized risks. Possible reactions include local reactions at the injection site and generalized reactions which occur rarely but are more concerning because of the potential danger to progress to low blood pressure and death if not treated. All generalized reactions require immediate evaluation and medical intervention. Generalized reactions may be of one or more of the following types:

- Hives/urticarial reactions
- Swelling/angioedema reactions
- Anaphylactic shock-including acute asthma, low blood pressure, unconsciousness, and potentially death

I will carry epinephrine, take an antihistamine on injection days, and/or perform peak flows if required by my allergist. I may not receive allergy injections if I do not follow my allergist's instructions.

**Observation Period**

Generalized reactions are unpredictable and may occur with the first injection or after a long series of injections with no previous warning. As a result, I agree to remain inside the Penn State Behrend HWC facility for a 30-minute observation period after each immunotherapy injection. I also understand that if I leave before the appropriate time, I will no longer be permitted to receive my allergy immunotherapy at Penn State Behrend HWC. There are no exceptions to this policy. I will notify the nurse immediately if I experience itching, runny nose, shortness of breath, nasal congestion, wheezing, flushing, facial swelling, sneezing, hives, coughing, anxiety, or "pins and needles" sensation of the skin.

**New Information**

I agree to notify the Penn State Behrend HWC medical staff if I start any new prescription medications, particularly medication for high blood pressure, migraine headaches, or glaucoma. "Beta blocker" medications, often prescribed for heart disease or high blood pressure, are usually not allowed while on immunotherapy. If I become pregnant while on immunotherapy, I will notify the medical staff at Penn State Behrend HWC as well as my allergist. I understand that Penn State Behrend HWC does not administer allergy injections during pregnancy. I will inform the nurse of any delayed reactions to prior injections, if I am ill or have seen a clinician since the last injection, and of any new or increased allergy symptoms. Any new orders must be faxed to 814-868-6924. No verbal orders from allergists will be accepted.

**Penn State HWC Roles**

Penn State Behrend HWC will store my extracts between 2 and 8 degrees Celsius (35.6 and 46.4 degrees Fahrenheit). However, I will not hold Penn State HWC responsible for the integrity of the extract in the event of a power failure, storage equipment failure, or catastrophic event that may corrupt the integrity of the extract. I further authorize the clinicians at Penn State Behrend HWC to review my medical care, recommend appropriate medical intervention, and discuss my medical care with my ordering provider and me if, in the judgment of the Penn State HWC clinician, this is necessary.

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**Limits of Responsibility**

Penn State Behrend HWC cannot guarantee the integrity of any extract prior to receiving it. I also understand that:

- Penn State Behrend HWC is not my primary care provider in respect to this therapy.
- My medical management related to this therapy, therapeutic monitoring of the therapy, and any necessary follow-up care are the responsibilities of my referring allergist.
- If I have questions regarding the therapy or my medical condition related to the therapy, they should be directed to my referring allergist.

**Fees**

The fees for administering serum can be submitted to your insurance plan. One injection is \$22.00, multiple injections are \$25.00.

**If you fail to show for your scheduled appointment or cancel within 24 hours there is a \$10.00 no show fee. There are limited allergy appointments and we would like to accommodate everyone who requests allergy injections.**

**Student Agreement**

I request that the Penn State Behrend HWC administer allergy immunotherapy as prescribed by my referring allergist. I understand that Penn State Behrend HWC is administering this therapy as a service for me because my referring allergist is not on staff at Penn State Behrend HWC.

**Patient or Authorized Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name (printed):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient PSU ID Number:** \_\_\_\_\_

**After completing, signing, and dating this form, please bring form to your appointment at Penn State Behrend HWC or fax form to:**

**ATTN: Allergy Nurse, 814-898-6924**