



Allergy Injections Consent

Student Last Name: _____ First Name: _____

Date of birth: _____ SBU ID #: _____

Please read over this informed consent very carefully. Initial each item and then sign and write the date at the bottom. Then return the document to us using one of the methods below.

_____ 1. I understand that each case will be evaluated by the physician/medical provider, and I realize this is not a guaranteed service, and the campus medical provider reserves the right to refuse this service at any time, if the provider suspects that you (or your child for students under the age of 18) may be at increased risk for a serious or anaphylactic reaction. In the event that the service is discontinued, the Health Services staff will help the student to find a local allergist or an allergist near the student's home for future services.

_____ 2. Your allergy serum(s) will be stored on-site in refrigeration units in Health Services; and it is my responsibility to transport serum to and from my allergist.

_____ 3. I agree to bring my own EpiPen to each injection visit. I understand that if I forget my EpiPen, I will be rescheduled for a visit at a later date.

_____ 4. I agree to remain on site for 30 minutes following the injection(s) or longer if deemed necessary.

_____ 5. In the event of a severe allergic or anaphylactic reaction, I understand that SBU has Basic Life-Support available (O2, Benadryl, nebulizer, and epinephrine) and, under the direction of the campus medical provider, staff will administer basic life support. An ambulance will be called to transport me (your child, for students under 18 yrs of age) to the Olean General Hospital Emergency Department. I understand that ambulance response times may vary, and that ambulance transportation is not a service provided directly by SBU.

Student Signature: _____

Date: _____

Parent Signature (for students 17yrs or younger): _____

Date: _____

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