



Dear Student,
Hello!

We received your request to receive your current allergy injection(s) at the Frostburg State University Student Health Center. We're glad to assist in continuing your care while you're on campus.

To begin this process, please review the following information carefully. Attached are three required forms that must be completed and submitted at least two business days before your first allergy appointment.

STUDENT FORMS:

1. Allergy Immunotherapy Information & Consent Form
 - Please read, sign, and return this form to the Student Health Center.

PHYSICIAN FORMS (To be sent to your allergist):

2. Allergist Information Letter
3. Allergen Immunotherapy Order Form
 - Your allergist must complete the immunotherapy order form and return it to the Student Health Center via fax or email.

Important Reminders:

- You must bring all completed paperwork and your allergy serum to the Student Health Center at least 2 business days prior to your first scheduled allergy injection.
- Please call 301-687-4310 to schedule your first appointment.
- If you or your allergist have any questions, please don't hesitate to contact our office.

Thank you for your attention to these requirements. We look forward to assisting you with your allergy immunotherapy during your time at Frostburg State University.

Sincerely,

The Student Health Center
Frostburg State University



Allergy Immunotherapy Information/Consent

Eligibility

- Currently enrolled as a Frostburg State University student.
- Must be an established patient with an allergist and actively receiving allergy injections.
- All required documentation must be completed and approved by Student Health Center (SHC) nursing staff.
- Note: The SHC reserves the right to decline administration of allergy injections if, in their professional judgment, doing so would pose undue risk to the student.

Fees

- Payment is due on the day of the appointment. Accepted forms of payment: Cash or Bobcat Card (Credit/debit cards are not accepted). Fees may also be charged to the student's university account.
- Single injection: \$18.00 per visit
- Multiple injections: \$20.00 per visit
- No-show fee: \$15.00 per missed appointment
- No more than three injections may be administered per visit per policy.
- To avoid a no-show fee, please call at least one hour before your appointment time to cancel.

Dose Schedule

- The student's allergist will determine the appropriate schedule and dosage.
- Students are expected to adhere to this schedule.
- Repeated lateness or missed appointments may result in discontinuation of this service at the SHC.
- If this occurs, the student will be referred to a local allergist for continued care.

Appointment

- Allergy injections are available Monday–Thursday, 9:00 AM – 11:30 AM.
- Appointments are required. Call 301-687-4310 to schedule.
- If the university is closed or delayed due to inclement weather, SHC will follow the same schedule, and appointments will be rescheduled accordingly.

Visit

- If ordered by the allergist, an antihistamine must be taken before the injection appointment.
- An RN will perform an initial assessment. If the RN determines there is an elevated risk, the injection may be deferred.
- Students must remain in the clinic for 30 minutes post-injection for observation and assessment.
- The next appointment will be scheduled prior to discharge.



Physician Contact

- SHC staff will contact the student's allergist directly in the event of urgent medical questions or emergencies.
- For non-emergent matters, including serum refills, the student is responsible for communication with their allergist.

Allergy Serum

- Initial injections must be administered by the student's allergist.
- SHC does not mix or dilute allergy serums.
- SHC will store serum in a temperature-monitored refrigerator.
- Serum and accompanying paperwork must be delivered to SHC at least two business days prior to the first scheduled injection.
- Each vial must be clearly labeled with: Student's full name and date of birth, Antigen name(s), Dilution or vial number/name, Expiration date.
- At the end of each semester: Serum and the allergy injection record will be returned to the student.
- The student is responsible for picking up their serum before campus breaks. SHC does not mail allergy serum.
- Upon returning to campus, students must bring their serum, an updated allergy administration sheet, and new allergist orders at least two business days before their appointment.
- It is the student's responsibility to schedule their allergy appointment upon returning to campus.

Consent

I have read and fully understand the above information and responsibilities. I have had the opportunity to ask questions, and all aspects of this policy have been explained to my satisfaction. I agree to comply with the stated requirements and consent to receive allergy injections at the Frostburg State University Student Health Center.

Student Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____



Dear Primary Allergist,

A patient under your care will be attending Frostburg State University and has requested to receive their allergy injections at our facility. We would like to take this opportunity to introduce our clinic and outline the requirements necessary before we can administer allergen immunotherapy.

The Frostburg State University Student Health Center is a nurse practitioner-led clinic staffed by two full-time nurse practitioners and two registered nurses. All nursing staff are certified in Basic Life Support (BLS).

Please note the following important considerations:

- **We do not have a physician on staff.**
- **We do not have ECG monitoring capabilities.**
- **We do not perform peak flow monitoring.**

Requirements Prior to Initiation of Allergy Injections:

- A completed **Frostburg State University Student Health Center Allergen Immunotherapy Order Form** must be submitted via email or fax. To ensure the safety and consistency of care across all student patients, we require use of our standardized form. We do **not** accept forms labeled “see attached” or other versions provided by your office.
- The **initial injection(s)** must be administered in your office.
- All **extract mixing and dilutions** must be performed by the prescribing allergist.
- Each vial must be clearly labeled with:
 - Patient’s full name and date of birth
 - Name of antigen(s)
 - Dilution and/or vial name
 - Expiration date

Our goal at the Frostburg State University Student Health Center is to provide safe, high-quality care for our student population. Your collaboration in helping us achieve this is greatly appreciated. Should you have any questions or require additional information, please do not hesitate to contact our office.

Please sign and return this correspondence via fax or email to the Frostburg State University Student Health Center.

Thank you for your attention and support.

Sincerely,
Frostburg State University Student Health Center

Date: