

Date: \_\_\_\_\_



### **Allergy Immunotherapy Information**

#### **ELIGIBILITY:**

- A Frostburg State student that is an established patient with an allergist that is currently receiving allergy injections.
- All required forms completed and approved by the Student Health Center nursing staff.
  - The SHC staff reserves the right to decline to give these injections to any student, if in their opinion, would result in undue risk to the student.

#### **FEES:**

Payment can be made on the day of the appointment with cash or bobcat card, but we do not accept credit cards. Fees can also be billed to a student's account. Fees are as follows:

- Single Injection \$18.00 per visit
- Multiple Injections \$20.00 per visit
- No show fee \$25.00 per missed appointment

**No more than 3 injections can be given at each visit per policy.**

**Please call the student health center at least one hour prior to the scheduled appointment time to cancel.**

#### **DOSE SCHEDULE:**

Student's allergist will determine the most suitable schedule and dose to follow. We do expect the student to keep appointments according to the ordered immunotherapy schedule. **Chronic lateness and/or missed appointments will make the student ineligible to receive this service at the Student Health Center.** If this occurs the student will be provided with the name(s) of local allergists that may be able to continue the allergy immunotherapy.

#### **APPOINTMENT:**

Allergy injections are given at this facility during the hours of 9:00-11:30am, Monday-Thursday. Appointments are required and can be made by calling the SHC at 301-687-4310.

**If Frostburg State University is closed or has a delayed opening due to inclement weather the Student Health Center will also be closed or have a delayed opening. The student's appointment will be rescheduled.**

#### **VISIT:**

If the student's allergist has ordered an antihistamine to be taken prior to the allergy injection, it should be taken before the student arrives for their appointment. Upon arriving for their appointment, the student can expect the following things to occur.

- Initial assessment will be done by a registered nurse. Based on the assessment, the RN has the right to defer an injection due to an increased risk for a systemic reaction.
- The student must wait in the student health center 30 minutes after the allergy injection(s) has been given and will be assessed for any local or systemic reactions.
- The student's next appointment will be made before the student is discharged.

#### **PHYSICIAN CONTACT:**

For certain questions or concerns the Student Health Center staff will contact the student's allergist office. If there is an emergency the SHC providers will contact the student's allergist office. For all non-emergent issues including serum refills the student is responsible for contacting their allergist.



**ALLERGY SERUM:**

- A student's initial injection(s) from the vials must be given at the allergist office.
- The student health center will not mix or dilute any serum(s).
- SHC will store the serum(s) in a temperature guarded refrigerator for the student.
- Serum must be brought to the student health center along with all paperwork two days prior to receiving allergy injections.
- Each serum vial must be clearly labeled with:
  - Patient's Name and Date of Birth
  - Name of the antigen(s)
  - Dilution/Vial Name
  - Expiration Date
- The Student Health center will package the student's serum at the end of each semester and give them back to the student along with their allergy injection record.
  - **The student is responsible for picking up their serum during campus breaks. No allergy injections are given when the campus is closed. Serums will not be mailed to the student.**
- When the student returns to campus, it is their responsibility to bring their serum, an updated allergy administration sheet, and any new orders, from their allergist to the student health center two days prior to their scheduled appointment.
  - It is the student's responsibility to call or stop by the SHC to schedule their allergy appointment upon returning to campus.

I have read and fully understand the above information and responsibilities. If I did not understand any portion of the information, I asked the health care provider, and the information was explained to me. I agree to comply with the responsibilities, and I give consent to receive allergy injections at the Student Health Center at Frostburg State University.

X

Student's Signature and Date

X

Provider's Signature and Date

X

Parent or Guardian's Signature and Date

07/2024