

5/09

**LONGWOOD UNIVERSITY
STUDENT HEALTH CENTER
FARMVILLE, VA. 23909
434.395.2102 – Fax 434.395.2783**

ALLERGY POLICY (No Antivenin)

The Student Health Center will administer allergy injections on the **written order of your private physician** who has provided you with the appropriate serum. Student Health and Wellness Center administers allergy injection **maintenance** and does not start new allergy injections. These shall be initiated with the prescribing physician before starting maintenance in our Center.

In order to initiate injections, **we require** a letter from your physician concerning the dosage, frequency and graduation or increase of your medication as well as your progress and a signed consent form. An allergy clinician will screen your records and ask you to complete an **intake form** and sign a **consent form**.

As you know, it is dangerous to deviate from your prescribed schedule. The deviation increases the risk of complicated reaction to the serum. Therefore it is for your own safety that we stress the importance of keeping your appointments. If the student has elected to not take allergy shot maintenance for more than 3 weeks behind schedule, the student will need to resume maintenance with the prescribing physician.

Due to the potential of serious reactions from allergy injections they are not to be given in the residence halls. Allergy injections are given when at least 2 clinicians are in the building. Students with a history of serious reactions should discuss this with a clinician or the Student Health Clinic Director before beginning shot routine at the clinic.

Since there is always a possibility of reaction from allergy injections, you are required to wait in the Health and Wellness Center for **20 minutes** after receiving every injection. You must check with the clinician prior to leaving. Students who fail to comply with this procedure may no longer be eligible for allergy injections at the Student Health and Wellness Center.

ALLERGY CLINIC GUIDELINES

Students will make appointments for allergy injections with a clinician. There will be two scheduled allergy clinics during the week. If neither of these fit into your class schedule, you may schedule an appointment that is more convenient for you. No appointments will be made before 9 am or after 3 pm on any given day. No appointments will be made after 12 noon on Fridays.

If a student is ill, there may be a question as to whether and allergy injection can be given. If you have a fever (>100°) or are having problems, a clinician will examine you to determine if it is safe to give your shot. Students with mono wait 6 weeks or per advice of allergist

(over)

Students are responsible for obtaining serum and instructions when leaving school (i.e. graduation, vacation, etc.).

Any serum remaining after student has left school will be discarded after one year or after the expiration date, whichever is first.

Strenuous activity (contact sports, tennis, etc.) should not be engaged in for approximately two hours after allergy injection.

The site of injection should not be rubbed or scratched after injection – if local itching occurs, ice should be applied.

Students should have an antihistamine available. Bring your inhalers to clinic with you.

Any problems with or resulting from allergy injections should be reported to the clinician 434-395-2102.

Longwood University is unique in its current ability to continue allergy injections at the Student Health Center when injections are more frequently being given in physician's offices and university allergy clinics. Each year we reevaluate our commitment to quality and the safest environment for the approximately 25-35 students we serve in the allergy clinic.

I am personally available to attend to your comments or question regarding our allergy service. Please feel free to set up an appointment with me if you have a specific question of suggestion. Your participation helps determine our future need for this particular clinic service.

Sincerely,

Margaret M. Potts MSN, RN, FNP-C
Nurse Practitioner and Director
Student Health Center

PRICE SCHEDULE PER ACADEMIC YEAR

Monthly	\$100
Twice a Month	\$200
3 or 4 times a Month	\$300
More than 4 times per month	\$400

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CONSENT AND RELEASE FORM FOR ALLERGY INJECTIONS

The Longwood University Student Health Center will be pleased to assist students by maintaining the periodic immunization prescribed by the student’s personal physician. (No Antivenin)

There is a fee for this service which is due **prior to the first injection annually and is non refundable.**

ANNUAL FEE

Monthly	\$100.00	3 or 4 times per month	\$300.00
Twice a month	200.00	More than 4 per month	400.00

Injections are given by appointment only

For this service, we require the following:

1. Signed instructions from the physician designating dosage, frequency, and type of allergen.
2. The orders should also include instructions for a local and/or systemic reaction. If no guidelines for this are given, then Student Health and Wellness Center policy will be followed. Any student who is delinquent in maintaining their immunization schedule **will not** be given any further injections until new orders are received, unless specific guidelines are written in the original order.
3. Signature of this consent form by both student and parent/guardian which documents an awareness that allergy injections are occasionally associated with side effects. The Health and Wellness Center is prepared to handle these unusual reactions with the presence of a clinician in its facility – but retains the right to refer the student, if necessary, to the emergency room or other medical services, in the event of complications. The student and his/her family will be responsible for any charges which result from such a necessary referral.
4. The student and parent/guardian hereby agree to indemnify the University, its officers, employees, servants and agents, and hold them harmless from any and all claims, lawsuits and causes of action arising from or connected with the providing of allergy injection services by the University.

_____	_____
(Please sign legibly) Student’s Signature	Date

_____	_____
(Parent or Guardian if student is under 18)	Date

* Clinician Intake evaluation and review of Clinic Policy and Guidelines required.