

Allergy Immunotherapy Program Requirements and Responsibilities

If you have been receiving allergy immunotherapy (“allergy shots”) from your allergist at home, you can continue treatment at Marist Health Services (MHS).

Allergy immunotherapy is given by appointment during Fall and Spring academic semesters, Monday through Fridays, during daytime hours, when a physician or nurse practitioner is present. MHS provides refrigerated storage for your antigen serum.

A charge for each visit will be posted to the student’s Bursar Account in the Business Office that will be payable at the end of each semester.

- For 1 injection, the charge is \$10
- For 2, injections, the charge is \$15
- For 3 or more injections, the charge is \$20

Initial appointment

At your first appointment, the Marist Health Services (MHS) staff will evaluate your health history and review your antigen immunotherapy program prior to assuming responsibility for providing this service to you. **You must have started your allergy immunotherapy in your allergist’s office.**

Allergy Serum

All vials must be properly labeled and accompanied by your injection schedule and allergist’s instructions. Required information includes:

- Your name
- Contents of each vial of serum
- Dilution of each serum
- Dosage schedule
- Adjustments based on type of reaction or longer interval between injections
- Signature of allergist and printed name and address
- Allergist’s office telephone number and office hours

It is your responsibility to assure that this information is provided at the time of the appointment. Injections will not be given unless the information is complete.



Important Safety Concerns

Before you receive your injection, inform the nurse of your recent medical history, including any medications that you are taking. Certain prescription medications used to treat eye problems, headaches, or high blood pressure may contain beta blockers which can increase the risk of serious reactions to allergy injections. If you have recently been ill, you must inform the nurse of any symptoms.

You will be required to wait 30 minutes after receiving your injection(s), so plan your appointment accordingly.

Life threatening reactions can occur even in individuals who have been receiving allergy injections for a long time. Failure to comply with the wait requirement will result in allergy injection services being discontinued.

During the waiting period after the injection, notify the nurse immediately if you experience any of the following:

- Anxiety (“feeling strange”)
- Excessive coughing
- Excessive sneezing
- Facial swelling
- Flushing
- Hives
- Itching
- Runny nose
- Shortness of breath
- Wheezing
- Any other symptom that occurs following your shot that concerns you

You should also call the nurse (ext3270) to report any localized reaction that occurs after you leave Health Services.

You will need to be prepared to use emergency medications if sudden severe symptoms occur after leaving Health Services. Students will be required to purchase an EpiPen Auto-Injector and a bottle of children’s liquid Benadryl (diphenhydramine) and learn about appropriate self-medication. You will need to carry these medications on the day of your injection. **Injections will not be given unless you have these medications with you.**

Compliance with treatment

It is the responsibility of the student to pick up the antigens and a copy of the treatment program during semester breaks and at the end of the academic year, and to bring these materials upon return to campus. Vials in transit should be handled according to the student’s allergist’s instructions.

It is the student’s responsibility to arrange continuation of allergy immunotherapy while away from the campus.

Students will be charged for any appointment not cancelled or rescheduled 24 hours in advance. Students who miss an appointment will be given a warning. Students who miss two appointments will not be allowed to continue allergy immunotherapy at MHS.



Consent Form

1. I have read the Marist Health Services (MHS) Antigen Program Requirements and Responsibilities and I have had the opportunity to ask questions and receive answers regarding the information contained in it.
2. I agree to comply with the requirements and understand that failure to do so may result in my not being able to continue receiving allergy injections at MHS.
3. I am aware that local reactions are not uncommon. I will monitor the size of the reactions and the length of time they last and inform the MHS staff.
4. I am aware that generalized reactions occur less commonly, and may include symptoms of itching of the skin; sudden itching of the nose, mouth, ears, and throat; hives, wheezing, coughing, tightness of the chest, nasal congestion and sneezing. I am aware that rare serious reactions may result in significant respiratory difficulty or anaphylactic shock, which may be life-threatening.
5. I understand that a serious reaction usually occurs within 30 minutes after an injection. I agree to remain in MHS for 30 minutes after my injection(s) and to immediately report any symptoms to the MHS staff.
6. I understand that in the event of a serious reaction, emergency treatment will be initiated and Fairview Fire District Emergency Medical Services will be contacted for transportation to Saint Francis Hospital Emergency Department.
7. I agree to purchase an EpiPen Auto-Injector and a bottle of children's liquid Benadryl for my own emergency use. I agree to carry these medications with me on the day of my allergy injection(s).
8. I have had the opportunity to have all of my questions about allergy immunotherapy answered to my satisfaction. I have been informed of the potential risks and benefits of allergy immunotherapy.
9. I will not hold Marist Health Services responsible for any reactions I may develop as a result of allergy injections.

Student signature

Student name

Parental Authorization (for minor)

Parent name

MHS Staff Witness signature

Witness name