

STUDENT AGREEMENT FOR ALLERGY IMMUNOTHERAPY ADMINISTRATION

Instructions

Students requesting allergy immunotherapy at Northwestern Medicine Student Health Service (NMSHS) must complete and sign this Student Agreement. If you are under the age of 18, your parent or guardian must complete and sign this form for you. Read carefully before completing this form.

Deadline

This form will expire each year on August 31. You must complete and provide a new agreement form each year to continue immunotherapy.

Shipping of Allergy Extract Vials

I understand the NMSHS Allergy Clinic will only accept vials shipped overnight from my allergist's office via UPS or FedEx. Vials shipped by the U.S. Postal Service will not be accepted. NMSHS will overnight ship my vials to my allergist upon my request.

Injection Schedule

I agree to follow the injection schedule as prescribed by my referring allergist. I understand that if I often miss immunotherapy injections, my risk for reactions increases. If I often miss my injections, NMSHS medical staff, after consultation with my referring allergist, may discontinue my immunotherapy injections.

Risks and Side Effects

I understand that allergy injections are associated with some widely recognized risks. I may have local reactions at the area around the site of injection. I may also have generalized reactions. These are rare but can be dangerous. They can lead to low blood pressure and death if not treated. I will need immediate medical evaluation and care for a generalized reaction. Generalized reactions may include reactions like:

- Hives (urticarial reactions)
- Swelling (angioedema reactions)
- Anaphylactic shock, which can include difficulty breathing, low blood pressure, unconsciousness and potentially death

Observation Period

Generalized reactions are unpredictable. They can occur with the first injection or after a long series of injections with no previous warning. As a result, I agree to remain at Northwestern Medicine Student Health Service for a 30-minute observation period after each immunotherapy injection. If I cannot wait the full period, I will tell the medical staff that I should not get my immunotherapy injection. I understand that if I leave before the appropriate time, I can no longer get my allergy immunotherapy at NMSHS.

New Information

I agree to notify the NMSHS medical staff if I start any new prescription medications, particularly medication for high blood pressure, migraine headaches or glaucoma. "Beta blocker" medications are usually not allowed while on immunotherapy. These are often prescribed for heart disease or high blood pressure.

If I become pregnant while on immunotherapy, I will notify the Northwestern Medicine Student Health Service medical staff immediately. They will get an appropriately revised dosage schedule from my referring allergist for injections during pregnancy.

Northwestern Medicine Student Health Service Authorization

I authorize the NMSHS medical staff to review my medical care, to recommend appropriate medical intervention to me, and to discuss my medical care with my ordering provider and me if, in the judgment of the Northwestern Medicine Student Health Service medical professional, this is necessary.

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Limits of Responsibility

I acknowledge that NMSHS cannot guarantee the integrity of any extract shipped overnight to NMSHS via FedEx or UPS by my referring allergist. (No other transport method is accepted.) Northwestern Medicine Student Health Service will store my extracts between 2°C and 8°C (35.6°F and 46.4°F) to reduce the rate of potency loss. However, Northwestern Medicine is not responsible for the integrity of the extract in the event of a power failure, storage equipment failure or catastrophic event that may corrupt the integrity of the extract. I understand that:

- Northwestern Medicine Student Health Service is not my primary care provider in respect to this therapy.
- My referring allergist is responsible for my medical management related to this allergy therapy, the therapeutic monitoring of the therapy and any necessary follow-up care.
- If I have questions about my therapy or medical condition related to my allergy therapy, I should ask my referring allergist.

Student Agreement - Read carefully prior to signing

I request that NMSHS give me allergy immunotherapy as prescribed by my referring allergist. I understand that NMSHS is giving me this therapy as a service for me because my referring allergist is not on staff at Northwestern Medicine Student Health Service.

Time _____ Date _____ Patient or Authorized Guardian Signature _____

Patient name (printed) _____ NU ID number _____