

**UNIVERSITY OF WISCONSIN-WITTEWATER**  
**UNIVERSITY HEALTH AND COUNSELING SERVICES**  
Division of Student Affairs

Patient Name Student ID DOB	Current Telephone Number:  Date:
-----------------------------------	--

**ALLERGY AGREEMENT FORM**

Students receiving allergy desensitization's at the Health Service must follow these regulations:

1. Provide diagnosis, allergens, and written instructions from allergist.
2. Allergy injections are given when a physician is present at the Health Service and at specified times by appointment.
3. A waiting period of thirty minutes is required after every injection. Failure to comply with this requirement will result in discontinuing allergy injections here at the Health Service. Before leaving you must check with the nurse who administered the injection.
4. The prescribed schedule should be followed faithfully. If a phone call to your allergist is required, your appointment may be lengthy or even postponed.
5. Allergens should be picked up before vacation periods during Health Service hours. University Health & Counseling Services is not responsible for allergens left during vacation periods.
6. You are responsible for keeping an adequate supply of your allergens at the Health Service. If you have them sent directly to the Health Service, we will not call to notify you of its arrival.
7. There will be a charge for allergy injection.
8. Students under age of 18 years need to have this form cosigned by a parent or guardian.
9. Students listed as allergic to epinephrine may not receive allergy injections at UHCS as this is the medication we have on hand to treat severe reactions.
10. All Initial allergy injections and the first injection after severe systemic reaction must be given at the allergist's office.

I have read the requirements for receiving allergy injections in the University Health & Counseling Services and agree to abide by these regulations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature(for those under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Allergist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

"The University of Wisconsin-Whitewater is committed to equal opportunity for all persons regardless of race, color, gender, creed, religion, age ancestry, national origin, disability, sexual orientation, political affiliation, marital status, Vietnam-era veteran status, parental status and pregnancy in its educational programs, activities and employment policies.